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ABSTRACT

This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile data for the states' 1985 fiscal year (FY). Included is information from the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Highlights, an executive summary, an introduction, and a section on the study purpose and methodology are included. The section on funding examines financial expenditures by state and funding source and by type of program activity. The section on client admissions to alcohol and drug treatment services describes client admissions to alcohol treatments, admission to drug abuse treatments, and comparisons of client admissions data for FY 1984 and FY 1985. The next two sections concern the availability of treatment-related data by state and the top three policy issues from a state alcohol and drug agency perspective: (1) prevention and education services; (2) services for children and adolescents; and (3) public and private health insurance issues. A section on major unmet needs in FY 1985 examines the areas of youth and women, other special populations, detoxification services, and staff positions and salaries. The final section identifies significant changes in alcohol and/or drug prevention and treatment services in FY 1985 and in the areas of changes in financial resources, intoxicated driver legislation and services, prevention programs and services, changes in services for women, client and drug use trends, and other significant developments. Appendices include a glossary of terms, and state narrative reports on major unmet needs and on significant changes in services during FY 1985. Twenty-three statistical exhibits are included. (NB)

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ED272807

STATE RESOURCES AND SERVICES
For
ALCOHOL AND DRUG ABUSE PROBLEMS
Fiscal Year 1985

A Report for the
National Institute on Alcohol Abuse and Alcoholism
and the
National Institute on Drug Abuse

CG 019290

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ACKNOWLEDGEMENTS

The data contained in this report was compiled from alcohol and drug abuse agencies in all 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands along with other information on which the document is based. The names of State Alcohol and Drug Abuse Directors and SADAP contact persons who participated voluntarily in the information-gathering process are listed on the inside cover.

A number of staff persons from both the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) also served as reviewers, and provided comments on various drafts of the report.

Patricia G. Reed, Program Analyst, Division of Biometry and Epidemiology, NIAAA, and Ann Blanken, Chief of the Survey Management and Reports Section of the Epidemiologic Research Branch, NIDA, served as co-project officers and coordinated all of the statistical data appearing in the report. They also provided the overall technical review of materials submitted by the National Association of State Alcohol and Drug Abuse Directors, Inc. under contract No. ADM 271-84-7314.

Statements appearing in the report do not necessarily reflect the official position of NIAAA or NIDA or any other part of the U.S. Department of Health and Human Services.

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STATE RESOURCES AND SERVICES
For
ALCOHOL AND DRUG ABUSE PROBLEMS
Fiscal Year 1985

An Analysis of State Alcohol and Drug Abuse Profile Data

by
William Butynski, Ph.D.
Nancy Record
JoLynn Yates
National Association of State Alcohol and Drug Abuse
Directors, Inc.

A Report for the
National Institute on Alcohol Abuse and Alcoholism
and the
National Institute on Drug Abuse

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

5600 Fishers Lane
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HIGHLIGHTS

The State Alcohol and Drug Abuse Agencies voluntarily submit a broad spectrum of fiscal, client and other service data on an annual basis to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). These data are submitted via the State Alcohol and Drug Abuse Profile (SADAP) data collection effort. With financial support from the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), NASADAD staff have prepared a detailed analysis of these data. Recently, NASADAD analyzed Fiscal Year (FY) 1985 data reported by the States. Selected comparisons were also made with the client data previously submitted for FY 1984.

The financial and client data provided by the State Alcohol and Drug Abuse Agencies apply to only those units and programs "which received at least some funds administered by the State Alcohol/Drug Agency". All fifty States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands participated in the FY 1985 State Alcohol and Drug Abuse Profile (SADAP).

Highlights from the FY 1985 SADAP study indicate that:

- Expenditures for alcohol and drug abuse treatment and prevention services totaled over $1.3 billion.

- Of the total expenditures, States provided $718.4 million or 52.7 percent, while Federal sources provided $262.3 million or 19.3 percent, county or local sources contributed $89.3 million or 6.5 percent and other sources (e.g., private health insurance, court fines, client fees or assessments for treatment imposed on intoxicated drivers) contributed $294.6 million or 21.6 percent.

- Approximately 78.2 percent of the total monies were expended for treatment services, 11.8 percent for prevention services and 9.9 percent for other activities (e.g., training, research, administration).

- A total of 5,901 alcohol and/or drug treatment units received funds administered by the State Alcohol and Drug Abuse Agencies in FY 1985. Of the total units, 2,376 were identified as alcohol units, 1,410 as drug units and 2,115 were identified as combined alcohol/drug treatment units.

- The total alcohol client treatment admissions reported by 48 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands were over 1.1 million; over 76 percent of the client admissions were to non-hospital treatment units; alcohol client admissions were 79 percent male, 30.9 percent between the ages of 25 - 34 and 71.3 percent White, 16.1 percent Black and 5.5 percent Hispanic.

- A total of 46 States, the District of Columbia, Guam, and Puerto Rico reported total drug client admissions of 305,360. Also, 76.2 percent of the client admissions were for outpatient services, 69 percent were male, 11.1 percent under the age of 18, 61.3 percent White, 24.4 percent Black and 11.5 percent Hispanic.

- Total alcohol client treatment admissions increased by six percent from FY 1984 to 1985; total drug client admissions increased by 5.6 percent from FY 1984 to 1985.

- Heroin was identified in overall reporting as the primary drug of abuse. However, in 26 States, Guam and the Virgin Islands, cocaine and/or marijuana mentions exceeded heroin mentions. The number of cocaine mentions increased by 48.5 percent from last year.

- In response to a request for the top three policy issues, States identified prevention and education, services for children and adolescents and public and private health insurance issues.

- Forty-nine States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands indicated that major needs were identified through their most recent State planning process for which there were insufficient resources to meet those needs. States identified a need for an increase in funding for services, as well as specific needs for increased services to youth and women, expansion of detoxification services and an increase in program staff positions and salaries.

- Significant changes in services that occurred during FY 1985 and were reported by the States related to an increase or decrease in a State's financial resources, the impact of new State legislation on the service delivery system, prevention program efforts and changes in drug use trends.

EXECUTIVE SUMMARY

In September, 1984 the National Institute on Drug Abuse (NIDA), with support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), entered into a three year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services. This cooperative Federal-State effort responds to recent Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) have the information necessary to exercise a strong national leadership role with regard to alcohol and drug abuse program needs and services.

In the first year of the State Alcohol and Drug Abuse Profile (SADAP) data contract all 50 States, the District of Columbia and Puerto Rico provided at least some information on alcohol and drug abuse resources and services in their States for Fiscal Year (FY) 1984. The information provided was analyzed and a comprehensive report was developed based on that information. With the cooperation of both Federal and State officials, the SADAP data collection format and process have been continually refined and improved. As part of the current report, new data are provided for FY 1985 and appropriate comparisons are presented among States and over time.

This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1985 Fiscal Year (FY). All 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information is categorized into the following six areas: funding levels and sources; client admission characteristics; availability of other treatment related data; top policy issues; major unmet needs; and significant changes in treatment and/or prevention services.

Funding Levels and Sources

The total reported expenditures within 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands for alcohol and drug services in those programs receiving at least some State administered funds during the State's 1985 Fiscal Year (FY) were over $1.3 billion. This total includes $659.1 million (48.3 percent) from State Alcohol and Drug Agency sources, $59.4 million (4.4 percent) from other State agency sources, $237.0 million (17.4 percent) from the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, $25.4 million (1.9 percent) from other Federal government sources, $89.3 million (6.5 percent) from county or local agency sources, and $294.6 million (21.6 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers). See Figure I which follows.

It should be emphasized that the data provided do not include information on those programs that did not receive any funding from the State Alcohol and Drug Agencies in FY 1985. These programs would include most, if not all, private for-profit programs; some private not-for-profit programs; some county and local government programs; and most Federal government programs such as the Veterans' Administration. Therefore, the overall fiscal data contained in this report are conservative in nature, and, to some degree, underestimate funding expenditures by other departments of State and Federal government and by private, non-State agency supported alcohol and drug abuse treatment and prevention programs.

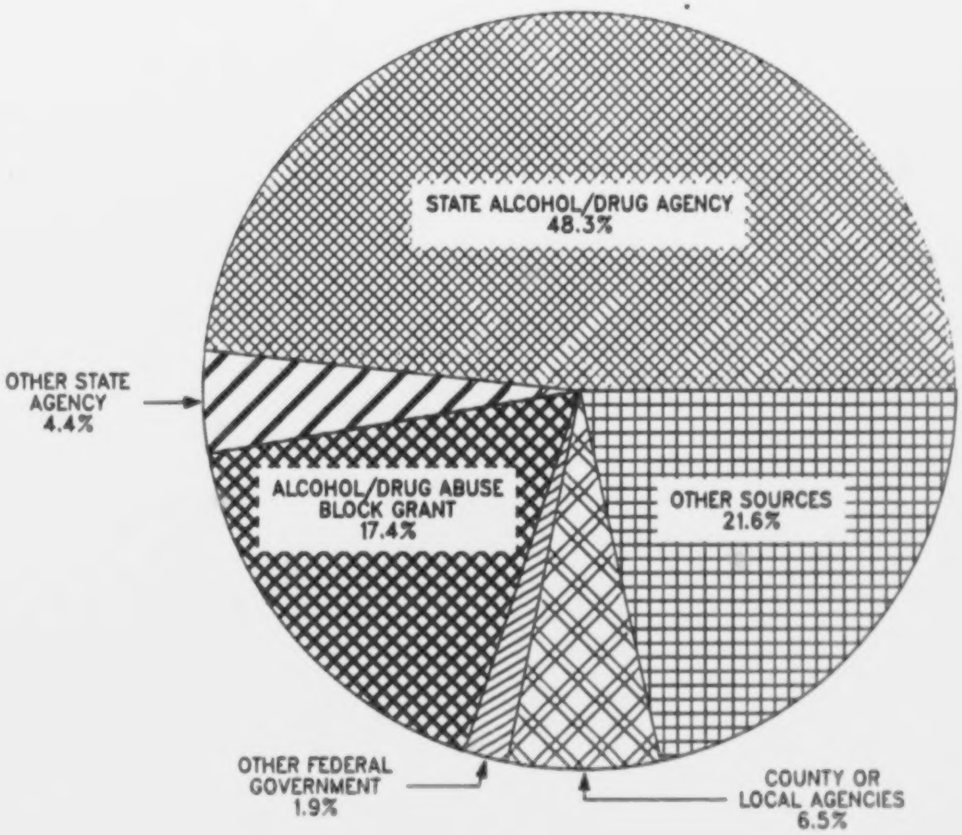
Although the specific levels of fiscal support contributed by different sources vary considerably among the States, the single largest source of funding during FY 1985 for alcohol and drug services was State revenues. In 37 States and Puerto Rico, State Alcohol and Drug Agency monies constituted the largest source of funding, while in two States and the District of Columbia, other State revenues were the largest source of support. The ADMS Block Grant was the largest revenue source in six States, Guam and the Virgin Islands. Among the remaining five States, other Federal sources constituted the largest source of funds in one State and in four states the largest revenue source was provided by other sources. None of the State Agencies reported county and local monies as the largest revenue source during FY 1985. Approximately 78.2 percent of the funds were expended for treatment services, 11.8 percent for prevention services and 9.9 percent for other activities (e.g., training, research, administration).

The State Agencies identified a total of 5,901 alcohol and/or drug treatment units to which they provided at least some funding in FY 1985. In terms of treatment orientation 2,115 of the units provided combined alcohol/drug treatment services, while 2,376 focused on alcoholism services and 1,410 concentrated on drug dependency services.

Because major changes were instituted in the FY 1985 SADAP data collection methodology for funding resources, detailed comparisons of FY 1985 expenditures reported by States in this year's SADAP data with SADAP data collected

FIGURE 1
MAJOR SOURCES OF EXPENDITURES IN FISCAL YEAR 1985 FOR ALCOHOL AND DRUG ABUSE SERVICES

Total Expenditures: $1,364,765,441



Source: State and Alcohol Drug Abuse Profile FY 1985; data are included for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985.

in previous years are not appropriate. However, it is believed that this year's change will ensure the accuracy, precision and completeness of the data and will establish a foundation for future fiscal year comparisons.

Client Admission Characteristics

The total alcohol client treatment admissions reported by 48 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands exceeded 1.1 million (1,159,588), including 846,081 client admissions to non-hospital treatment units. Hospitals were used by over 42 percent of those clients who required detoxification services. Nearly 73 percent of client admissions for rehabilitation/residential services were to non-hospital facilities. Nearly 95 percent of client admissions to outpatient services were also to non-hospital facilities. In 49 States, the District of Columbia, Guam and Puerto Rico which reported admissions data by sex, over 79 percent of the alcohol client admissions were male. Other alcohol client admissions characteristics in terms of age were as follows: 3.3 percent under age 18; 4.4 percent 18-20; 10.7 percent 21-24; 30.9 percent 25-34; 24.2 percent 35-44; 14.8 percent 45-54; 7.1 percent 55-64; 2.4 percent age 65 and over; with 2.2 percent not reported. In terms of race/ethnicity, alcohol client admissions were as follows: 71.3 percent White, not of Hispanic origin; 16.1 percent Black, not of Hispanic origin; 5.5 percent Hispanic; .2 percent Asian or Pacific Islander; 3.7 percent American Indian or Alaskan Native; .2 percent Other; and 3.1 percent not reported.

The total drug client treatment admissions reported by 46 State Agencies, the District of Columbia, Guam and Puerto Rico were 305,360. With regard to 274,861 drug client admissions that could be categorized by environment 46 agencies reported 12,586 admissions to hospitals, 52,925 to residential facilities and 209,350 to outpatient environments. In terms of treatment modality, 41,973 client admissions were for detoxification, 38,460 were for maintenance and 195,187 for drug-free types of treatment services. Of 46 States, the District of Columbia, Guam and Puerto Rico which reported admissions data by sex, 69 percent of the drug client admissions were male. Other drug client admissions characteristics in terms of age were as follows: 11.1 percent under age 18; 9.8 percent 18-20; 17.1 percent 21-24; 43.2 percent 25-34; 14.3 percent 35-44; 2.6 percent 45-54; .8 percent 55-64; .3 percent age 65 and over; and .8 percent not reported. In terms of race/ethnicity, drug client admissions were as follows: 61.3 percent White, not of Hispanic origin; 24.4 percent Black, not of Hispanic origin; 11.5 percent Hispanic; .4 percent Asian or Pacific Islander; 1.0 percent American Indian or Alaskan Native; .6 percent Other; and .8 percent not reported.

Heroin mentions constituted a large portion of drug client admissions by drug of choice in overall reporting of such information from 39 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands. However, in 26 States, Guam and the Virgin Islands, cocaine and/or marijuana mentions exceeded heroin mentions.

Selected comparisons were made between 1984 and 1985 alcohol and drug client SADAP data. The alcohol client treatment admissions data provided by 44 States, the District of Columbia and Puerto Rico for both years revealed a six percent rise in those admissions. Forty States, the District of Columbia and Puerto Rico were able to provide information on drug client treatment admissions in both years. Comparisons of those data show an increase of nearly 5.6 percent. Comparisons of drug client admissions over the two years by primary drug of abuse revealed a 69.8 percent increase in the "Other" drug category. A 48.5 percent increase in the cocaine category was also reported.

Availability of Other Treatment Related Data

In order to determine the availability of treatment related data, the State Alcohol and Drug Agencies were asked whether any data are available on treatment outcome and/or the average costs of treatment by modality. Thirty State Agencies responded that treatment outcome data are available within their States. Forty-one State Agencies indicated the availability of information on the average costs of treatment by modality.

Top Policy Issues

Fifty States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands identified policy questions and issues currently being considered at the State level. The most frequently mentioned policy issues fell into five categories: prevention and education (19 States); services for children and adolescents (17 States); public and private health insurance issues (14 States); maintenance and measurement of quality control, treatment effectiveness and efficiency (13 States); and the pursuit of alternative sources of funding for treatment and prevention services (11 States).

Major Unmet Needs

Forty-nine States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands indicated that major needs were identified through their most recent State planning process for which resources were not adequate to meet those needs. Most States submitted narrative responses describing these unmet needs. In addition to the need for a general increase in funds to support treatment and prevention services, the States indicated other specific needs including increased services to youth, women, as well as a variety of special population groups including ethnic minorities, the dual handicapped, intravenous drug abusers diagnosed as having AIDS, indigent persons, individuals in the criminal justice system, the homeless, chronic alcoholics and public inebriates. In addition, many States identified the need to expand detoxification services, increase program staff positions and raise salaries.

Significant Changes in Treatment and/or Prevention Services

The State Alcohol and Drug Agencies were also asked to provide a narrative description of any significant changes in services that occurred during FY 1985 and the reasons for such changes. A total of 43 States, the District of Columbia, Guam and the Virgin Islands submitted narrative information in response to this request. The scope of the narrative comments related to either increases or decreases in funding support for treatment services, new program initiatives, intoxicated driver legislation and services, prevention programs and services, changes in services for women, and client and drug use trends.

I. INTRODUCTION

Alcohol and drug abuse and dependency constitute major public health problems for the nation. During 1983, the most recent year for which cost data are available, the economic costs of these problems totaled over $176 billion. 1/ These enormous problems must be addressed at all levels of government. At a Federal level, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) have been authorized to provide national leadership on alcohol and drug issues. A major portion of this responsibility focuses on the task of monitoring various indicators of alcohol and drug abuse, including information on treatment and prevention services and funding resources.

At a State level, the State Alcohol and Drug Agencies have administrative responsibility for the allocation and effective utilization of Federal and State revenues specifically targeted for alcohol and drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State Agency collects relevant information on needs, services and resources. This information assists the States in their ongoing planning, monitoring and service delivery functions.

Prior to 1982 NIAAA and NIDA were the repository for significant amounts of detailed information from States and programs on alcohol and drug treatment and prevention services and clients. These data were often reported to the Federal level by the States and/or individual programs as a condition of receipt of the Federal alcohol and drug formula and project grant funds. However, when the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, the requirement for the provision of detailed data from the States and programs was eliminated. As a result of this action a number of different national data reporting systems that had been developed by NIAAA and NIDA were terminated.

Nevertheless, the continued importance and need for some national data on alcohol and drug treatment and prevention programs, services and clients was recognized. The Senate Committee on Labor and Human Resources included language in its report on the Alcohol and Drug Abuse Amendments of 1983 which refers to data collection as "an important national leadership responsibility of the

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1/ Economic Costs to Society of Alcohol, Drug Abuse and Mental Illness: 1980. Harwood, Henrick; et.al., Research Triangle Institute.

Institutes". The Committee specifically encouraged the Institutes to acquire "alcoholism and drug program data from information systems in each State". The Congress eventually directed the Secretary of the Department of Health and Human Services, through the Administrator of ADAMHA to:

> "conduct data collection activities with respect to such programs, including data collection activities concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities". (Section 1920)(42 U.S.C. 300 x)

In order to meet the Congressional mandates for continuing data collection activities and to be able to respond knowledgeably to questions regarding the availability of prevention, intervention and treatment resources to deal with alcohol and drug abuse, the Federal government has sought to maintain minimal data which are accurate and updated on a regular basis. Since NASADAD has an established ongoing relationship with all of the State Alcohol and Drug Abuse Agencies, it constitutes the single best source of such data.

NASADAD has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and drug abuse treatment and prevention resources and clients from the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients is evidenced by the successful outcome of previous contract efforts which included State data from Fiscal Years 1983 and 1984. State-by-State data on funding levels and services, client characteristics and program changes has been collected, analyzed and presented. In addition, data were compiled on State prevention activities, intoxicated driver projects and employee assistance programs.

On September 18, 1984, NIDA and NIAAA again entered into a contractual relationship with NASADAD to continue support of a cooperative Federal/State national data strategy (Contract No. ADM 271-84-7314). As a key part of this contract, NASADAD is working with both the Institutes and the States to assess, define and voluntarily provide information on alcohol and drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from its members, the analysis of the data submitted by each State, the development of meaningful comparisons of data across States and over time, and the provision of a comprehensive report on the findings.

II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and its Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit to assist NIDA and NIAAA in assessing the type of treatment and prevention resources and services provided to drug and alcohol abusers throughout the country.

The major study objectives are:

- To provide continued support for the implementation of a joint Federal/State national data strategy, e.g., through collaboration on the State Alcohol and Drug Abuse Profile (SADAP) and the National Alcoholism and Drug Abuse Program Inventory. State representatives are involved by providing consultation, in examining options and developing recommendations for appropriate changes in the scope and content of existing and future efforts to acquire data from the States on a voluntary basis.
- To annually collect secondary data from the States relating to alcohol and drug abuse services, clients and resources.
- To automate the editing, storage and analysis of data acquired from the States in prior and current Fiscal Years.
- To aggregate and analyze the data that are voluntarily submitted by each State, including the development of both within and across State comparisons and analyses.

The overall study methodology was defined within a performance plan comprised of four major tasks and related sub-tasks, including the design of data acquisition and analysis plans; development of support materials and procedures; implementation of data acquisition and analysis; and the preparation of numerous project reports.

Subsequent to the conduct of a meeting in May, 1985 with State and Institute representatives to solicit input and recommendations for the 1985 SADAP form, NASADAD staff developed all necessary support materials. Data collection procedures were implemented in October, 1985 when those support materials were distributed to the State Alcohol and Drug Agency Directors. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent out to each State Alcohol and Drug Agency Director. This material was followed by written communications to States reminding them of the importance of voluntarily submitting the data. Telephone calls also were made to Directors who had not submitted information within the requested time frame.

The Directors of the State Alcohol and Drug Agencies from 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State Director was provided a draft copy of the report tables to review and verify the accuracy of all data submitted from his/her State.

III. FUNDING OF ALCOHOL AND DRUG SERVICES

In October, 1985 each State Alcohol and Drug (A/D) Agency was asked to provide data on total expenditures for alcohol and drug services by source of funding and type of program activity within the State for Fiscal Year (FY) 1985. Fifty States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands responded positively to this request.

Before presenting and analyzing the findings, it is important to note that, as with any data, these data, have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report total expenditures for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985". The data presented, therefore, do not include information on those programs that do not receive any funding from the State A/D Agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). As a result, the overall fiscal estimates contained herein are conservative in nature and, to varying degrees, underestimate funding expenditures by other departments of State government, by Federal agencies such as the Veterans' Administration and by private, non-State agency supported alcoholism and drug abuse treatment and prevention programs.

The financial and related data collected from States are organized within three major subsections:

- Financial Expenditures by State and Funding Source;
- Financial Expenditures by Type of Program Activity; and
- Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in FY 1985.

Information on each of these areas follows.

1. Financial Expenditures by State and Funding Source

This subsection provides information on expenditures for alcohol and drug services within each State during that State's 1985 Fiscal Year. It should be noted that only two States (Alabama and Michigan), the District of Columbia, Guam and the Virgin Islands have Fiscal Years directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have Fiscal Years from July 1 to June 30, one State (New York) has a Fiscal Year from April 1 to March 31 and one State (Texas) has a Fiscal Year from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State Alcohol and Drug Agency monies, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, other Federal monies, county and local funds and monies from other sources. Also, total expenditures are reported for each of the 50 States, District of Columbia, Guam, Puerto Rico and the Virgin Islands and for each funding source. See Exhibit I which follows.

The total monies expended within all 50 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1985 FY were $1,364,765,441. This total includes $659.1 million (48.3 percent) from State A/D Agency sources, $59.4 million (4.4 percent) from other State agency sources, $237.0 million (17.4 percent) from the ADMS Block Grant, $25.4 million (1.9 percent) from other Federal government sources, $89.3 million (6.5 percent) from county or local agency sources, and $294.6 million (21.6 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

Caution needs to be exercised in the utilization and interpretation of these data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State A/D Agency during Fiscal Year 1985". Also, in some States complete information is not available on all funding sources even for State A/D Agency supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Exhibit I should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures indicate.

The specific levels of fiscal support contributed by different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually the single largest source of funding during FY 1985 for alcohol and drug services was State revenues. In 37 States and Puerto Rico, State A/D Agency funds constituted the single largest source of funding, while in two States and the District of Columbia other State revenues were the largest source of support. The ADMS Block Grant was the largest revenue source in six States, Guam and the Virgin Islands. Among the remaining five States, other Federal sources was the largest source of funding in one State and other sources of monies provided the most funds in four States. None of the State Agencies reported county and local monies as the largest revenue source during FY 1985.

EXHIBIT I

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY STATE AND BY FUNDING SOURCE FOR FISCAL YEAR 1985

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANT	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL
Alabama	1,854,694	0	3,768,355	292,744	N/A	N/A	5,915,793
Alaska	14,000,700		1,504,400	0	4,006,763	0	19,511,863
Arizona	9,636,203	N/A	3,793,471	0	N/A	6,788,446	20,218,120 AB
Arkansas	1,785,517	0	2,111,218	1,179,584	0	327,223	5,403,542
California	75,516,000	438,000	30,547,000	3,831,000	24,033,952	67,567,768	201,933,720
Colorado	9,476,302	1,100,000	3,083,967	0	0	2,558,953	16,219,222
Connecticut	7,192,697	0	4,488,451	2,639,323	0	12,767,264	27,087,735
Delaware	2,444,977	0	1,311,925	0	0	0	3,756,902
District of Col	189,067	16,847,010	1,861,600	0	0	0	18,897,677
Florida	25,786,832	1,493,724	15,511,138	100,041	0	0	42,891,735
Georgia	19,092,515	0	2,091,268	0	598,881	2,015,078	23,797,742
Guam	N/A	0	206,092	0	0	0	206,092 A
Hawaii	1,339,908	N/A	996,579	36,393	35,225	1,265,019	3,673,124
Idaho	1,795,804	N/A	1,027,071	N/A	N/A	N/A	2,822,875
Illinois	39,773,570	20,680	7,562,566	0	0	0	47,356,816
Indiana	3,143,592	4,772,872	2,934,313	2,292,680	397,950	4,142,284	17,683,691
Iowa	8,164,993	458,670	2,342,473	171,794	1,107,429	35,694	12,281,053
Kansas	3,175,100	1,445,400	1,469,500	177,000	1,500,000	635,000	8,402,000
Kentucky	967,733	3,325,479	2,546,808	6,550	1,054,371	0	7,900,941
Louisiana	8,659,523	962	3,937,715	216,739	0	0	12,814,939
Maine	4,025,510	266,000	1,316,304	120,000	480,000	2,425,000	8,632,814
Maryland	21,802,397	N/A	2,950,416	1,062,583	1,247,220	1,087,381	28,149,997
Massachusetts	28,894,667	N/A	6,440,634	0	N/A	599,000	35,934,301
Michigan	25,360,748	1,225,000	10,727,884	1,609,796	6,856,306	19,766,141	65,545,875
Minnesota	2,333,500	N/A	2,665,500	10,800	N/A	N/A	5,009,800
Mississippi	2,651,222	0	1,098,003	3,077,075	N/A	N/A	6,826,300
Missouri	6,978,116	0	3,583,769	840,453	N/A	N/A	11,402,338
Montana	207,920	1,938,141	1,095,187	418,005	1,483,350	2,917,470	8,060,073
Nebraska	3,941,659	0	1,057,490	0	475,198	709,320	6,183,667
Nevada	1,446,229	0	2,198,309	0	147,163	2,760,389	6,552,090
New Hampshire	1,029,960	0	1,305,230	0	0	0	2,335,190
New Jersey	12,204,000	1,000	9,170,000	932,000	N/A	N/A	22,307,000
New Mexico	9,981,236	492,300	2,252,950	844,800	0	N/A	13,571,286
New York	136,329,671	704,199	28,345,055	1,425,901	21,448,538	121,115,117	309,368,481 C
North Carolina	2,813,657	N/A	3,709,862	0	N/A	N/A	6,523,519
North Dakota	1,017,000	N/A	615,000	N/A	N/A	145,000	1,777,000
Ohio	11,273,988	7,881,975	8,635,656	1,389,557	1,525,906	5,253,715	35,960,797
Oklahoma	4,054,743	0	1,868,325	0	N/A	N/A	5,923,068
Oregon	7,063,378	N/A	3,547,557	304,295	N/A	N/A	10,915,230
Pennsylvania	26,902,000	8,272,000	11,546,000	99,000	3,526,000	15,367,000	65,712,000
Puerto Rico	13,426,849	0	4,076,875	214,720	0	0	17,718,444
Rhode Island	5,399,841	0	1,892,243	0	0	0	7,292,084
South Carolina	4,008,065	0	1,891,965	189,572	3,857,694	2,565,000	12,512,296
South Dakota	559,367	295,220	919,298	588,051	628,715	1,025,065	4,015,716
Tennessee	4,933,742	N/A	2,705,434	434,307	244,496	1,782,821	10,100,800
Texas	5,736,367	83,539	10,416,354	0	4,196,855	0	20,433,115
Utah	5,534,655	825,304	1,948,541	354,843	2,041,112	2,224,607	12,929,062
Vermont	2,159,067	0	1,322,852	50,572	0	246,450	3,778,941
Virgin Islands	216,589	0	375,000	0	0	0	591,589
Virginia	12,180,459	N/A	4,326,836	N/A	5,845,554	4,675,024	27,027,873
Washington	16,418,630	535,248	4,249,712	462,438	646,311	6,532,186	28,844,525
West Virginia	2,094,977	1,843,680	1,220,531	0	256,417	2,031,976	7,447,581
Wisconsin	39,134,736	5,142,100	4,054,516	0	1,109,626	3,283,576	52,724,554 A
Wyoming	2,939,536	0	344,566	N/A	598,351	N/A	3,882,453
TOTALS	659,050,208	59,408,503	236,969,764	25,372,616	89,349,383	294,614,967	1,364,765,441
PERCENT OF TOTAL	48.3%	4.4%	17.4%	1.9%	6.5%	21.6%	100.0%

A = Figures represent allocated funds rather than expenditures.
B = Other Sources category includes County or Local funds; further breakout not available.
C = Other State Agency category includes alcohol monies only; data on drug monies from this funding source is not available.

N/A = Information not available.

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percentages than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

Included as Appendix B of this report are State-by-State population, per capita income, population density and State revenue figures to aid in further analyses and interpretations of the financial data. Population data are for Fiscal Year 1985, the population density data are for Calendar Year 1983, the per capita income data are for Calendar Year 1984 and the State revenues reflect each State's FY 1984. More recent information was not available for all States.

Detailed comparisons of financial expenditures reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) data with SADAP data collected in previous years for FYs 1982, 1983 and 1984 are not appropriate. Such comparisons would be misleading since there have continued to be changes instituted in the specific wording of questions related to States' fiscal resources.

In previous years, States were asked to "estimate" their current year's fiscal allocations while they were still in the middle of the fiscal year. Thus the State could only provide estimates of dollar allocations for all alcohol and drug services within their States. Last year, two major refinements were made to the data collection effort: States were asked to report actual allocations for their most recently completed fiscal year (FY 1984) and to provide fiscal information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". This year a third refinement was added: States were asked to report actual total "expenditures" for FY 1985 rather than allocations.

For purposes of a general comparison, however, it can be reported that the total dollars expended in FY 1985 for alcohol and drug abuse services in those programs which received at least some State A/D Agency monies in the 50 States, District of Columbia and Puerto Rico which also responded to the FY 1984 survey were $1,364,765,441. In FY 1984 the total monies allocated by those same 52 State A/D Agencies were $1,323,748,793. It should be emphasized, however, that total monies "allocated" in a particular fiscal year are not the same as total monies "expended" in that fiscal year. Therefore, such direct comparisons are not statistically valid. For example, one State allocated approximately $25 million more for prevention activities than it expended in FY 1985. This change could easily be misconstrued as a reduction in support for prevention when, in actuality, it is merely a reflection of the change in the reporting format.

It is anticipated that the changes in methodology that have continued to be instituted will help to ensure the accuracy, precision and completeness of the data that are provided. Also, a firm base has now been established for comparing FY 1985 data with data collected in future years.

2. Financial Expenditures by Type of Program Activity

Within this subsection information is provided on the amount of monies expended during FY 1985 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total expenditures are reported for each State and for each program activity category. See Exhibit II which follows.

As noted previously, the total monies expended within the 50 States, District of Columbia, Guam, Puerto Rico and the Virgin Islands during FY 1985 in those programs which received at least some State A/D Agency funds were $1,364,765,441. Of this amount, 54 State Agencies were able to report the breakout of $1,332,706,692 into the different types of alcohol and drug program activities. Of this total $1,042,734,615 (78.2 percent) were expended for treatment activities, $157,621,278 (11.8 percent) were expended for prevention activities, and $132,350,799 (9.9 percent) were expended for other activities (e.g., training, research, administration).

Over the past few years, many States have substantially increased their commitment to and financial expenditures for prevention programs. However, within every State the expenditures for treatment remain much higher than those for prevention. Overall, the expenditures for treatment are nearly seven times as great as those for prevention.

3. Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in FY 1985

Within this subsection information is provided on the total number of treatment units which received funds administered by the State A/D Agency in FY 1985. The data are presented by primary orientation of the treatment units: alcohol, drug or combined alcohol/drug. An estimate is also provided indicating the percent of treatment units in the State in FY 1985, that received any funds administered by the State A/D Agency.

Fifty States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands identified a total of 5,901 alcohol and/or drug treatment units which received funds administered by the State A/D Agency in FY 1985. With regard to the orientation of the treatment units, 2,376 were identified as alcohol units, 1,410 as drug units and 2,115 were identified as combined alcohol/drug treatment units. Four of the State respondents were unable to identify the total number of units by orientation, i.e., alcohol, drug or combined alcohol/drug treatment units. See Exhibit III.

With regard to an estimate of the percent of total alcohol and/or drug treatment units in the State that received any funds administered by the State A/D Agency in FY 1985, 46

EXHIBIT II

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY STATE AND BY TYPE OF PROGRAM ACTIVITY IN FISCAL YEAR 1985

	TYPE OF PROGRAM ACTIVITY				
STATE	TREATMENT	PREVENTION	OTHER	TOTAL	
Alabama	4,458,845	959,197	497,751	5,915,793	
Alaska	16,236,314	1,918,211	1,357,338	19,511,863	
Arizona	19,118,958	712,952	386,210	20,218,120	A
Arkansas	4,158,707	606,782	638,053	5,403,542	
California	142,256,420	25,966,929	33,710,371	201,933,720	
Colorado	13,035,797	3,183,425	0	16,219,222	
Connecticut	23,832,166	1,599,569	1,656,000	27,087,735	
Delaware	2,619,121	655,409	482,372	3,756,902	
District of Col	11,823,494	845,735	6,228,448	18,897,677	
Florida	39,313,673	2,697,902	880,160	42,891,735	
Georgia	23,487,762	309,980	0	23,797,742	
Guam	144,265	41,218	20,609	206,092	A
Hawaii	3,403,677	269,447	0	3,673,124	
Idaho	2,397,878	155,263	269,734	2,822,875	
Illinois	45,908,815	1,448,001	0	47,356,816	
Indiana	15,708,007	1,203,632	772,052	17,683,691	
Iowa	9,642,022	1,948,915	690,116	12,281,053	
Kansas	7,324,460	939,365	138,175	8,402,000	
Kentucky	6,424,034	684,044	792,863	7,900,941	
Louisiana	9,802,720	1,219,640	1,792,579	12,814,939	
Maine	7,921,210	711,604	0	8,632,814	
Maryland	25,626,668	845,991	1,677,338	28,149,997	
Massachusetts	30,593,686	2,899,298	2,441,317	35,934,301	
Michigan	49,869,422	8,097,776	7,578,677	65,545,875	
Minnesota	2,785,600	1,063,600	1,160,600	5,009,800	
Mississippi	5,608,590	219,601	998,109	6,826,300	
Missouri	9,746,975	796,715	858,648	11,402,338	
Montana	7,260,223	799,850	0	8,060,073	
Nebraska	5,109,612	764,847	309,208	6,183,667	
Nevada	5,256,349	761,591	534,150	6,552,090	
New Hampshire	1,229,700	387,470	718,020	2,335,190	
New Jersey	13,913,000	6,783,000	1,611,000	22,307,000	
New Mexico	11,723,963	1,515,800	331,523	13,571,286	
New York	238,461,935	41,882,077	29,024,469	309,368,481	
North Carolina	2,893,692	816,170	2,813,657	6,523,519	
North Dakota	1,643,000	134,000	N/A	1,777,000	
Ohio	22,815,136	3,793,442	4,321,343	30,929,921	B
Oklahoma	5,058,672	458,074	406,322	5,923,068	
Oregon	9,739,245	386,707	789,278	10,915,230	
Pennsylvania	48,946,000	9,556,000	7,210,000	65,712,000	
Puerto Rico	9,922,643	2,146,832	5,648,969	17,718,444	
Rhode Island	6,135,237	459,114	697,733	7,292,084	
South Carolina	5,563,313	4,193,014	2,755,969	12,512,296	
South Dakota	3,141,154	427,443	447,119	4,015,716	
Tennessee	7,739,402	1,327,459	1,033,939	10,100,800	
Texas	12,554,207	5,053,577	2,825,331	20,433,115	
Utah	10,225,186	2,703,876	0	12,929,062	
Vermont	2,325,951	683,388	769,602	3,778,941	
Virgin Islands	515,865	75,724	0	591,589	
Virginia	N/A	N/A	N/A	N/A	C
Washington	27,917,777	865,000	61,748	28,844,525	
West Virginia	6,218,870	722,893	505,818	7,447,581	
Wisconsin	40,502,795	8,006,023	4,215,736	52,724,554	A
Wyoming	2,672,402	917,706	292,345	3,882,453	
TOTALS	1,042,734,615	157,621,278	132,350,799	1,332,706,692	
PERCENT OF TOTAL	78.2%	11.8%	9.9%	100.0%	

A = Figures represent allocated funds rather than expenditures.

B = Ohio was not able to differentiate by program activity the $5,030,876 of the total monies reported in Exhibit I.

C = Virginia was not able to differentiate by program activity the $27,027,873 in expenditures reported in Exhibit I.

N/A = Information not available.

NOTE: "OTHER" category includes other activities beyond treatment or prevention services, e.g., training, research and administration.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT III

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FY 1985

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	21	4	23	48
Alaska	1	3	38	42
Arizona	32	27	61	120
Arkansas	12	6	14	32
California	467	253	N/A	720
Colorado	31	10	0	41
Connecticut	46	49	N/A	95 A
Delaware	7	1	7	15
District of Col	5	7	0	12
Florida	26	43	33	102
Georgia	9	3	31	43
Guam	0	0	1	1
Hawaii	9	3	9	21
Idaho	0	0	13	13
Illinois	135	31	19	185
Indiana	0	0	48	48
Iowa	0	0	29	29
Kansas	0	1	34	35
Kentucky	1	3	126	130
Louisiana	18	11	26	55
Maine	0	0	31	31
Maryland	154	70	20	244
Massachusetts	130	66	0	196
Michigan	N/A	N/A	237	237
Minnesota	2	2	46	50
Mississippi	50	1	20	71
Missouri	7	8	57	72
Montana	0	2	30	32
Nebraska	0	0	75	75
Nevada	9	10	15	34
New Hampshire	5	5	17	27
New Jersey	105	73	N/A	178
New Mexico	32	31	12	75
New York	263	376	35	674
North Carolina	23	1	13	37
North Dakota	0	0	8	8
Ohio	87	74	29	190
Oklahoma	0	0	32	32
Oregon	68	9	19	96
Pennsylvania	48	25	415	488
Puerto Rico	8	21	37	66
Rhode Island	21	11	4	36
South Carolina	0	0	37	37
South Dakota	0	0	21	21
Tennessee	0	0	51	51
Texas	48	16	17	81
Utah	3	1	55	59
Vermont	0	0	26	26
Virgin Islands	1	0	2	3
Virginia	21	7	94	122
Washington	47	42	40	129
West Virginia	0	0	26	26
Wisconsin	424	103	67	594
Wyoming	0	1	15	16
TOTALS	2,376	1,410	2,115	5,901
PERCENT OF TOTAL*	40.3%	23.9%	35.8%	100.0%

A = Connecticut recently classified 24 units as "Combined" units. However, due to difficulties in formatting data into the separate alcohol and drug client matrices, they have been artificially separated as submitted previously for FY 1984.

N/A = Information not available.

*Cautionary Note: Since 4 States were not able to identify all treatment units by orientation, i.e., alcohol, drug or combined, the percents shown should be viewed as only gross estimates.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands responded to this question. The estimates ranged from a low of 16 percent in Texas to a high of 100 percent in Georgia, Guam, Puerto Rico and the Virgin Islands. See Exhibit IV.

EXHIBIT IV

ESTIMATE OF PERCENT OF TOTAL ALCOHOL AND/OR DRUG TREATMENT UNITS IN THE STATE THAT RECEIVED ANY FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY IN FY 1985

STATE	ESTIMATE OF PERCENT OF TOTAL TREATMENT UNITS FUNDED BY STATE AGENCY
Alabama	60
Alaska	90
Arizona/Alcohol	75
Arizona/Drug	70
Arkansas	70
California	N/A
Colorado	18
Connecticut	62
Delaware	88
District of Col	80
Florida	80
Georgia	100
Guam	100
Hawaii	85
Idaho	56
Illinois	67
Indiana	30
Iowa	57
Kansas	32
Kentucky	85
Louisiana	41
Maine	89
Maryland/Alcohol	54
Maryland/Drug	84
Massachusetts	N/A
Michigan	45
Minnesota	21
Mississippi	75
Missouri	51
Montana	73
Nebraska	88
Nevada	75
New Hampshire	36
New Jersey	60
New Mexico/Alcohol	75
New Mexico/Drug	47
New York/Alcohol	84
New York/Drug	N/A
North Carolina	N/A
North Dakota	N/A
Ohio	57
Oklahoma	60
Oregon	80
Pennsylvania	92
Puerto Rico	100
Rhode Island	88
South Carolina	60
South Dakota	72
Tennessee	60
Texas	16
Utah	74
Vermont	90
Virgin Islands	100
Virginia	75
Washington	56
West Virginia	85
Wisconsin	80
Wyoming	90

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1985.

IV. CLIENT ADMISSIONS TO ALCOHOL AND DRUG TREATMENT SERVICES

Each State Alcohol and Drug (A/D) Agency was asked to provide information on client admissions to treatment units that received at least some monies administered by the State Agency during Fiscal Year 1985. Most of the States have combined alcohol and drug abuse treatment responsibilities within one agency. Also, a number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and would prefer to report combined alcohol and drug client data. However, in response to a specific request from the Institutes (i.e., NIAAA and NIDA), each of which have a distinct mandate, NASADAD asked the States separate questions relating to alcohol and drug abuse treatment services. This was done in the interest of obtaining data that would be generally consistent with past data collection efforts and in an attempt to be responsive to those States that have separate alcohol and drug agencies.

In reviewing and interpreting the data in this section of the report it is important to recognize that the client admissions figures noted are limited to those treatment units which received "at least some funds administered by the State Alcohol Agency" during Fiscal Year (FY) 1985. However, States reporting client information on those treatment units which received only partial funding from the State Agency were instructed to report data on all client admissions to the program, not just data on those client admissions supported by State A/D Agency funds. The data presented do not include client admissions to treatment units that did not receive any funds administered by the State A/D Agency during FY 1985. It is also important to recognize that the total number of client admissions reported in the following exhibits may not always be equal since in a few cases the State may not have been able to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within three major subsections including:

- Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism;
- Client Admissions to Treatment Services for Drug Abuse and Addiction; and
- Comparisons of Client Admissions Data for FY 1984 and FY 1985.

Information on each of these areas follows.

1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism

This subsection includes client data organized under three topic headings including:

- Client admissions data by environment and type of care;
- Client admissions data by sex, age and race/ethnicity; and
- Availability of client admissions data within treatment units that do not receive any State Alcohol Agency funds.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State Alcohol (and combined alcohol and drug) Agency was asked to provide data on the "number of client admissions during FY 1985 for ALCOHOL related treatment services in all units which received at least some funds administered by the State Alcohol Agency." The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient). See Exhibit V which follows.

A total of 48 State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least some data on the number of total alcohol client treatment admissions during FY 1985. See the last column in Exhibit V. The total of reported alcohol client treatment admissions was over 1.1 million (1,159,588). Of these admissions over 76 percent (846,081 admissions) were to non-hospital units. However, seven States which reported admissions to non-hospital units did not have data available on admissions to hospital units and so the actual number and percent of hospital admissions is likely to be higher than indicated. Forty-one States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands reported a total of 255,666 client admissions to hospital based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient) and environment (hospital or non-hospital). See the first six columns of Exhibit V. Hospitals were used

EXHIBIT V

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT, TYPE OF CARE, AND STATE FOR FISCAL YEAR 1985

STATE	DETOXIFICATION HOSPITAL	DETOXIFICATION NON-HOSPITAL	REHAB/RESIDENTIAL HOSPITAL	REHAB/RESIDENTIAL NON-HOSPITAL	OUTPATIENT HOSPITAL	OUTPATIENT NON-HOSPITAL	TOTAL ADMISSIONS BY TYPE OF ENVIRONMENT HOSPITAL	TOTAL ADMISSIONS BY TYPE OF ENVIRONMENT NON-HOSPITAL	TOTAL ADMISSIONS
Alabama	96	0	0	3,779	0	2,327	96	6,106	6,202
Alaska	223	2,972	0	1,406	0	5,213	223	9,591	9,814
Arizona	17	496	0	4,365	0	16,305	17	21,166	21,183
Arkansas	1,352	44	0	2,830	0	3,152	1,352	6,026	7,378
California	60,000	0	22,400	0	0	30,900	82,400	30,900	113,300 AB
Colorado	100	30,630	0	3,889	0	7,844	100	42,363	42,463
Connecticut	0	5,249	0	3,014	1,180	3,715	1,180	11,978	13,158 C
Delaware	0	2,310	0	362	0	525	0	3,197	3,197
District of Col	0	3,917	0	1,487	0	2,191	0	7,595	7,595
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	56,221 D
Georgia	10,430	5,836	0	2,368	1,332	20,654	11,762	28,858	40,620
Guam	4	0	0	0	33	0	37	0	37
Hawaii	0	729	0	489	0	1,344	0	2,562	2,562
Idaho	N/A	1,057	N/A	812	N/A	4,285	N/A	6,154	6,154
Illinois	N/A	29,200	N/A	4,633	N/A	20,990	N/A	54,823	54,823 E
Indiana	0	6,471	52	1,532	0	7,317	52	15,320	15,372
Iowa	0	521	17	1,530	0	3,361	17	5,412	5,429
Kansas	0	2,763	0	1,116	0	4,841	0	8,720	8,720
Kentucky	0	1,997	0	2,596	0	5,393	0	9,986	9,986
Louisiana	36	1,446	N/A	1,145	N/A	8,651	36	11,242	11,278
Maine	588	1,329	977	535	835	4,316	2,400	6,180	8,580 F
Maryland	0	1,594	0	5,988	619	15,981	619	23,563	24,182
Massachusetts	40,842	0	0	5,841	0	19,718	40,842	25,559	66,401
Michigan	N/A	5,470	N/A	6,397	N/A	22,858	N/A	34,725	34,725
Minnesota	0	27,682	3,581	964	0	625	3,581	29,271	32,852
Mississippi	503	1,788	0	4,561	0	2,767	503	9,116	9,619
Missouri	1,851	8,727	0	4,401	0	4,274	1,851	17,402	19,253
Montana	1,093	325	1,369	251	N/A	3,937	2,462	4,513	6,975
Nebraska	428	5,627	1,259	1,594	534	7,856	2,221	15,077	17,298 F
Nevada	0	1,871	0	839	0	559	0	3,269	3,269
New Hampshire	0	0	0	579	0	1,905	0	2,484	2,484
New Jersey	2,188	7,018	271	2,883	953	5,143	3,412	15,044	18,456
New Mexico	N/A	3,412	N/A	246	N/A	4,816	N/A	8,474	8,474 G
New York	36,208	24,807	3,510	10,333	20,034	29,993	59,752	65,133	124,885 H
North Carolina	N/A	4,749	4,284	1,883	N/A	11,223	4,284	17,855	22,139
North Dakota	1,300	N/A	1,900	N/A	N/A	5,600	3,200	5,600	8,800 B
Ohio	0	8,364	0	1,821	0	8,781	0	18,966	18,966
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	4,966	N/A	2,890	N/A	23,520	N/A	31,376	31,376
Pennsylvania	10,181	6,469	716	6,632	0	21,645	10,897	34,746	45,643
Puerto Rico	337	0	0	0	0	3,177	337	3,177	3,514
Rhode Island	3,048	1,750	80	456	168	1,420	3,296	3,626	6,922
South Carolina	0	3,897	0	400	0	14,826	0	19,123	19,123
South Dakota	N/A	875	364	178	N/A	3,894	364	4,947	5,311
Tennessee	435	1,159	112	1,255	0	5,106	547	7,520	8,067 AB
Texas	521	662	N/A	4,388	N/A	1,707	521	6,757	7,278
Utah	2,667	975	0	3,573	0	6,742	2,667	11,290	13,957
Vermont	N/A	856	N/A	501	N/A	2,701	N/A	4,058	4,058
Virgin Islands	0	0	0	32	0	94	0	126	126
Virginia	N/A	4,373	N/A	1,581	N/A	18,753	N/A	24,707	26,327 I
Washington	575	24,953	N/A	5,703	N/A	24,379	575	55,035	55,610
West Virginia	2,645	318	1,157	383	45	5,628	3,847	6,329	10,176
Wisconsin	7,930	3,826	2,286	3,276	0	41,932	10,216	49,034	59,250 B
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	185,598	253,480	44,335	117,717	25,733	474,884	255,666	846,081	1,159,588
PERCENT OF TOTAL	42.3%	57.7%	27.4%	72.6%	5.1%	94.9%	23.2%	76.8%	100.0%

A = Environment categories are residential and non-residential instead of hospital and non-hospital.
B = These admissions data are estimates.
C = Number of clients served instead of clients admitted.
D = State of Florida cannot break out the total admissions figure of 56,221 by type of environment; the grand total admissions figure of 1,151,114 is thus 56,221 admissions higher than the combined total admissions of the two type of environment figures.
E = Includes sanatoriums and/or halfway houses in rehab/residential non-hospital category.
F = Includes both alcohol and drug admissions.
G = These totals include community contract treatment programs only; they do not include 4 State lodges.
H = All client information is for CY 1984.
I = Hospital admissions cannot be broken out by type of care.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

by nearly 43 percent of those clients who required detoxification services. However, the proportions of hospital and non-hospital admissions are considerably different for those clients who required rehabilitation/residential or outpatient services. With regard to rehabilitation/residential services, non-hospital facilities were used for nearly 73 percent of the client admissions. Also, with regard to outpatient services, non-hospital facilities were used for nearly 95 percent of the client admissions.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Alcohol (and combined alcohol and drug) Agency was asked to provide data on "the number of client admissions during Fiscal Year 1985 in units which received at least some funds administered by the State Alcohol Agency for ALCOHOL related treatment services in each of the age, sex, race/ethnicity categories" specified. Forty-nine States, the District of Columbia, Guam and Puerto Rico reported alcohol client admissions data by sex. See Exhibit VI which follows. Over 79 percent of the alcohol client admissions were male, nearly 20 percent were female and data on sex were not reported on 1.0 percent of the alcohol client admissions.

Thirty-three States, the District of Columbia and Guam were able to report data by the age categories requested. See Exhibit VII. The percent of client admissions that fell within each of the age range categories requested were as follows:

Age	Percent of Admissions
Under 18	3.3%
18-20	4.4%
21-24	10.7%
25-34	30.9%
35-44	24.2%
45-54	14.8%
55-64	7.1%
65 and over	2.4%
Not Reported	2.2%

With regard to alcohol client treatment admissions information by age and by sex, a total of 33 State agencies reported data. See Exhibit VIII which follows. A number of States have established different age range categories and they were not able to retrieve or report client information according to the specific categories requested.

EXHIBIT VI

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY SEX AND STATE FOR FISCAL YEAR 1985

	SEX			
STATE	MALE	FEMALE	NOT REPORTED	TOTAL
Alabama	3,523	906	0	4,429
Alaska	8,310	2,694	0	11,004
Arizona	15,984	5,199	0	21,183
Arkansas	6,229	1,149	0	7,378
California	92,300	21,000	0	113,300
Colorado	25,157	4,883	0	30,040
Connecticut	10,250	2,908	0	13,158 A
Delaware	2,616	581	0	3,197
District of Col	6,378	1,217	0	7,595
Florida	45,049	11,172	0	56,221
Georgia	33,471	7,149	0	40,620
Guam	30	7	0	37
Hawaii	1,823	622	117	2,562
Idaho	4,617	1,537	0	6,154
Illinois	45,341	9,412	70	54,823
Indiana	11,722	3,702	0	15,424
Iowa	4,146	865	424	5,435
Kansas	7,395	1,325	0	8,720
Kentucky	8,184	1,802	0	9,986
Louisiana	N/A	N/A	N/A	N/A
Maine	9,772	2,802	191	12,765 B
Maryland	20,076	4,106	0	24,182
Massachusetts	54,457	11,944	0	66,401
Michigan	27,720	6,890	0	34,610
Minnesota	28,251	4,601	0	32,852
Mississippi	6,262	947	78	7,287
Missouri	15,947	3,306	0	19,253
Montana	5,023	1,952	0	6,975
Nebraska	13,389	3,909	0	17,298 B
Nevada	1,018	380	0	1,398
New Hampshire	1,776	708	0	2,484
New Jersey	14,750	3,706	0	18,456
New Mexico	7,644	1,732	0	9,376 C
New York	92,164	32,721	0	124,885 DEF
North Carolina	14,663	3,192	0	17,855
North Dakota	5,980	2,820	0	8,800 D
Ohio	15,029	3,937	0	18,966
Oklahoma	8,531	2,966	0	11,497 B
Oregon	24,888	6,487	0	31,375
Pennsylvania	37,625	8,018	0	45,643
Puerto Rico	3,374	140	0	3,514
Rhode Island	1,536	508	4,878	6,922
South Carolina	16,032	3,091	0	19,123
South Dakota	4,161	1,150	0	5,311
Tennessee	6,301	1,766	0	8,067
Texas	6,090	1,188	0	7,278
Utah	12,216	1,741	0	13,957
Vermont	2,890	1,168	0	4,058
Virgin Islands	N/A	N/A	N/A	N/A
Virginia	22,295	4,032	0	26,327
Washington	28,208	6,484	0	34,692
West Virginia	8,667	1,509	0	10,176
Wisconsin	35,704	10,040	5,098	50,842 D
Wyoming	5,068	2,482	0	7,550
TOTALS	890,032	220,553	10,856	1,121,441
PERCENT OF TOTAL	79.4%	19.7%	1.0%	100.0%

A = Number of clients served instead of number of clients admitted.
B = Includes both alcohol and drug admissions.
C = All these admission totals are for contracted treatment programs only; they do not include 4 State lodges.
D = These admissions data are estimates.
E = All client information is for CY 1984.
F = Male and female admissions figures are estimates.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT VII

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1985

STATE	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER	NOT REPORTED	TOTAL
Alabama	38	101	460	1,544	1,187	684	318	97	0	4,429
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	813	406	2,338	6,844	5,483	3,003	1,588	600	108	21,183
Arkansas	69	300	742	2,111	1,841	1,236	816	263	0	7,378
California	1,600	2,400	7,500	38,200	33,300	19,200	9,400	1,700	0	113,300
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	89	111	367	1,036	786	438	242	128	0	3,197
District of Col	0	227	602	759	2,278	3,048	454	227	N/A	7,595
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	330	1,099	3,007	10,925	11,445	8,110	4,538	1,166	0	40,620
Guam	5	2	2	20	8	0	0	0	0	37
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	1,162	1,782	3,099	3,874	2,789	1,604	960	154	0	15,424
Iowa	119	412	965	1,765	947	479	238	86	424	5,435
Kansas	330	692	1,473	3,048	1,674	924	443	127	9	8,720
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	625	1,315	3,431	8,573	5,438	2,958	1,491	351	0	24,182
Massachusetts	1,590	2,271	6,012	21,854	17,056	10,310	5,776	1,529	3	66,401
Michigan	1,528	2,106	4,695	13,208	7,359	3,401	1,608	503	202	34,610
Minnesota	859	1,657	3,278	9,027	7,643	5,304	3,466	1,616	2	32,852
Mississippi	118	425	1,149	2,612	1,467	845	467	126	78	7,287
Missouri	581	854	1,953	5,727	4,842	3,140	1,725	423	8	19,253
Montana	1,018	809	1,263	1,116	1,876	425	349	119	0	6,975
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	186	192	332	892	509	201	101	33	38	2,484
New Jersey	514	817	2,042	6,569	4,716	2,266	1,205	311	16	18,456
New Mexico	468	504	1,280	3,198	2,148	1,106	484	184	4	9,376 C
New York	7,491	3,871	10,268	34,710	32,962	23,223	10,238	2,122	0	124,885 AB
North Carolina	266	758	1,836	5,393	4,450	3,135	1,593	424	0	17,855
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	1,232	322	2,863	6,962	3,831	2,201	1,252	303	0	18,966
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	229	2,588	6,317	15,757	11,067	5,945	0	3,740	0	45,643
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	84	130	287	778	407	220	118	20	4,878	6,922
South Carolina	914	1,195	2,301	5,717	4,496	2,607	1,442	451	0	19,123
South Dakota	431	651	979	1,593	812	472	280	93	0	5,311
Tennessee	240	387	1,014	2,716	1,928	1,091	554	134	3	8,067
Texas	177	285	712	2,292	1,804	1,189	651	140	28	7,278
Utah	97	262	642	2,685	1,683	1,087	537	120	6,844	13,957
Vermont	305	319	600	1,390	829	372	163	51	29	4,058
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	924	1,481	3,565	8,471	5,887	3,523	1,955	521	0	26,327
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	393	688	1,491	3,301	2,093	1,174	762	274	0	10,176
Wisconsin	2,142	4,270	7,364	15,194	8,796	4,536	2,494	920	5,126	50,842 A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	26,967	35,689	86,229	249,861	195,837	119,457	57,708	19,056	17,800	808,604
PERCENT OF TOTAL	3.3%	4.4%	10.7%	30.9%	24.2%	14.8%	7.1%	2.4%	2.2%	100.0%

A = These admissions data are estimates.
B = All client information is for CY 1984.
C = All these admission totals are for contracted treatment programs only; they do not include 4 State lodges.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT VIII

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1985

	UNDER AGE 18		18 TO 20		21 TO 24		25 TO 34		35 TO 44		
STATE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Alabama	28	10	84	17	345	115	1,186	358	974	213	
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Arizona	450	363	276	130	1,770	568	5,161	1,683	4,066	1,417	
Arkansas	56	13	242	58	633	109	1,806	305	1,502	339	
California	1,100	500	1,700	700	5,600	1,900	30,800	7,400	27,600	5,700	
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Delaware	56	33	92	19	287	80	831	205	663	123	
District of Col	0	0	191	36	505	97	637	122	1,913	365	
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Georgia	262	68	895	204	2,419	588	8,902	2,023	9,447	1,998	
Guam	3	2	2	0	1	1	17	3	7	1	
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Indiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Iowa	72	47	317	95	823	142	1,466	299	767	180	
Kansas	239	91	582	110	1,237	236	2,551	497	1,455	219	
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Maryland	509	116	1,095	220	2,826	605	7,083	1,490	4,519	919	
Massachusetts	902	688	1,704	567	4,672	1,340	17,709	4,145	14,394	2,662	
Michigan	958	570	1,739	367	3,860	835	10,583	2,625	5,919	1,440	
Minnesota	540	319	1,351	306	2,706	572	7,605	1,422	6,655	988	
Mississippi	103	15	358	67	1,052	97	2,242	370	1,246	221	
Missouri	286	295	671	183	1,516	437	4,559	1,168	4,121	721	
Montana	593	425	614	195	956	307	788	328	1,388	488	
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
New Hampshire	115	71	130	62	259	73	648	244	365	144	
New Jersey	360	154	619	198	1,595	447	5,222	1,347	3,840	876	
New Mexico	352	116	434	70	1,066	214	2,560	638	1,770	378	C
New York	3,603	3,888	2,822	1,049	7,964	2,304	25,651	9,059	23,897	9,065	AB
North Carolina	209	57	615	143	1,471	365	4,338	1,055	3,686	764	
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Ohio	977	255	255	67	2,269	594	5,516	1,446	3,036	795	
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Rhode Island	56	28	98	32	208	79	587	191	309	98	
South Carolina	656	258	1,023	172	1,968	333	4,830	887	3,747	749	
South Dakota	266	165	499	152	794	185	1,242	351	640	172	
Tennessee	182	58	296	91	816	198	2,135	581	1,476	452	
Texas	165	12	226	59	555	157	1,864	428	1,545	259	
Utah	67	30	222	40	531	111	2,336	349	1,465	218	
Vermont	150	155	221	98	442	158	997	393	611	218	
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Virginia	722	202	1,224	257	2,971	594	7,181	1,290	5,050	837	
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
West Virginia	278	115	582	106	1,264	227	2,820	481	1,797	296	
Wisconsin	2,135	2,034	2,440	1,627	6,281	4,135	6,220	4,213	6,101	4,059	A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	16,450	11,153	23,619	7,497	61,662	18,203	178,073	47,396	145,971	37,374	

A = These admissions data are estimates.
B = All client information is for CY 1984.
C = All these admission totals are for contracted treatment programs only; they do not include 4 State-operated treatment lodges.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT VIII

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1985

	45 to 54		55 TO 64		65 and OVER		NOT REPORTED		TOTALS		
STATE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL
Alabama	548	136	272	46	86	11	0	0	3,523	906	4,429
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,413	590	1,313	275	461	139	74	34	15,984	5,199	21,183
Arkansas	1,040	196	714	102	236	27	0	0	6,229	1,149	7,378
California	16,200	3,000	7,900	1,500	1,400	300	0	0	92,300	21,000	113,300
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	359	79	212	30	116	12	0	0	2,616	581	3,197
District of Col	2,560	488	381	73	191	36	0	0	6,378	1,217	7,595
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	6,733	1,377	3,822	716	991	175	0	0	33,471	7,149	40,620
Guam	0	0	0	0	0	0	0	0	30	7	37
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	411	68	214	24	76	10	N/A	N/A	4,146	865	5,435 C
Kansas	811	113	402	41	110	17	8	1	7,395	1,325	8,720
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	2,464	494	1,275	216	305	46	0	0	20,076	4,106	24,182
Massachusetts	8,810	1,500	4,980	796	1,284	245	2	1	54,457	11,944	66,401
Michigan	2,821	580	1,300	308	395	108	145	57	27,720	6,890	34,610
Minnesota	4,767	537	3,135	331	1,490	126	2	0	28,251	4,601	32,852
Mississippi	744	101	410	57	107	19	N/A	N/A	6,262	947	7,287 D
Missouri	2,791	349	1,606	119	391	32	6	2	15,947	3,306	19,253
Montana	314	111	279	70	91	28	0	0	5,023	1,952	6,975
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	142	59	67	34	21	12	29	9	1,776	708	2,484
New Jersey	1,818	448	1,009	196	275	36	12	4	14,750	3,706	18,456
New Mexico	882	224	414	70	164	20	2	2	7,644	1,732	9,376 E
New York	17,092	6,131	7,791	2,447	1,494	628	0	0	90,314	34,571	124,885 AB
North Carolina	2,650	485	1,331	262	363	61	0	0	14,663	3,192	17,855
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	1,744	457	992	260	240	63	0	0	15,029	3,937	18,966
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	173	47	90	28	15	5	N/A	N/A	1,536	508	2,044
South Carolina	2,176	431	1,231	211	401	50	0	0	16,032	3,091	19,123
South Dakota	385	87	251	29	84	9	0	0	4,161	1,150	5,311
Tennessee	842	249	439	115	113	21	2	1	6,301	1,766	8,067
Texas	1,019	170	568	83	122	18	26	2	6,090	1,188	7,278
Utah	1,004	83	497	40	105	15	5,989	855	12,216	1,741	13,957
Vermont	279	93	132	31	41	10	17	12	2,890	1,168	4,058
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	3,037	486	1,653	302	457	64	0	0	22,295	4,032	26,327
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	1,019	155	667	95	240	34	0	0	8,667	1,509	10,176
Wisconsin	4,270	2,440	618	203	915	203	1,525	1,423	30,505	20,337	50,842 A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	92,318	21,764	45,965	9,110	12,780	2,580	7,839	2,403	584,677	157,480	742,659 F

A = These admissions data are estimates.
B = All client information is for CY 1984.
C = Total figure 5,435 admissions for Iowa includes 424 client admissions for which sex was not reported.
D = Total figure 7,287 admissions for Mississippi includes 78 client admissions for which sex was not reported.
E = All these admission totals are for contracted treatment programs only; they do not include 4 State-operated treatment lodges.
F = Grand total admissions figure of 739,559 includes 424 admissions in Iowa and 78 admissions in Mississippi for which sex was not reported.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

With regard to alcohol client treatment admissions, information by race/ethnicity a total of 46 State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data. See Exhibit IX which follows. Overall, among the States reporting data the percent of client admissions that fell within the race/ethnicity categories specified were as follows:

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	71.3%
Black, not of Hispanic origin	16.1%
Hispanic	5.5%
Asian or Pacific Islander	.2%
American Indian or Alaskan Native	3.7%
Other	.2%
Not Reported	3.1%

c. Availability of Client Admissions Data Within Treatment Units that Do Not Receive Any State Alcohol Agency Funds

Each State Alcohol Agency was asked to indicate whether information was available from the State Agency or from any other source on "ALCOHOL related client admissions within treatment units that do not receive any State Alcohol Agency funds". A total of 20 State Agencies responded "Yes" indicating that at least some data were available on client admissions to such treatment units that receive no State Agency funding. The sources of such data vary widely. They range from the State A/D Agency or some of its components which were indicated as the source by many States to a number of other sources such as the State Health Planning and Development Agency, a hospital questionnaire and licensing visits. For further information on the individual State Alcohol Agency responses, see Exhibit X which follows.

2. Client Admissions to Treatment Services for Drug Abuse and Addiction

This subsection includes client data organized under four topic headings including:

- Client admissions data by environment and modality;
- Client admissions data by sex, age, and race/ethnicity;
- Client admissions data by primary drug of abuse; and

EXHIBIT IX

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY AND STATE FOR FISCAL YEAR 1985

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	OTHER	NOT REPORTED	TOTAL
Alabama	3,564	856	N/A	N/A	N/A	9	N/A	4,429
Alaska	5,582	220	109	24	4,913	48	108	11,004
Arizona	12,534	647	3,066	N/A	4,734	95	107	21,183
Arkansas	5,626	1,696	24	2	30	0	0	7,378
California	78,300	18,400	12,700	500	3,400	0	0	113,300
Colorado	21,070	1,220	6,573	70	1,000	0	107	30,040
Connecticut	9,850	2,160	1,118	0	0	30	0	13,158 A
Delaware	2,326	828	43	0	0	0	0	3,197
District of Col	649	6,729	173	0	0	44	0	7,595
Florida	47,944	5,895	2,149	23	127	83	0	56,221
Georgia	28,028	12,466	54	10	31	31	0	40,620
Guam	9	0	0	28	0	0	0	37
Hawaii	1,220	68	N/A	317	0	706	251	2,562
Idaho	5,556	35	269	0	275	0	19	6,154
Illinois	38,927	12,981	2,297	66	405	0	147	54,823
Indiana	13,264	1,850	307	0	0	3	0	15,424
Iowa	4,674	135	74	2	125	5	420	5,435
Kansas	7,115	774	356	9	437	8	21	8,720
Kentucky	9,021	918	21	23	3	0	0	9,986
Louisiana	6,677	4,412	164	6	19	0	0	11,278
Maine	N/A	N/A	N/A	N/A	346	N/A	12,419	12,765 B
Maryland	16,138	7,833	116	30	60	0	5	24,182
Massachusetts	58,222	5,628	1,987	34	388	142	0	66,401
Michigan	27,501	5,670	656	N/A	669	112	117	34,725
Minnesota	23,794	1,442	454	38	6,704	50	370	32,852
Mississippi	4,720	2,420	0	0	30	117	0	7,287
Missouri	14,629	4,334	123	9	158	0	0	19,253
Montana	5,915	28	70	7	949	6	0	6,975
Nebraska	13,267	856	472	11	2,626	33	33	17,298 B
Nevada	1,231	61	28	6	67	5	0	1,398 C
New Hampshire	2,424	11	9	3	6	3	28	2,484
New Jersey	12,342	5,090	936	N/A	45	37	6	18,456 D
New Mexico	2,162	108	3,212	4	3,890	0	0	9,376
New York	79,177	31,721	12,364	0	874	749	0	124,885 EF
North Carolina	13,006	4,487	15	0	318	29	0	17,855
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	15,455	3,243	198	9	54	7	0	18,966
Oklahoma	10,394	1,103	180	19	1,840	25	0	13,561 B
Oregon	27,692	576	1,176	141	1,786		5	31,376
Pennsylvania	31,743	12,833	966	0	0	101	0	45,643
Puerto Rico	0	0	3,514	0	0	0	0	3,514
Rhode Island	1,890	102	20	1	4	27	4,878	6,922
South Carolina	14,125	4,910	48	9	31	0	0	19,123
South Dakota	4,178	26	0	0	1,070	37	0	5,311
Tennessee	6,696	1,338	18	1	8	5	1	8,067
Texas	4,659	999	1,548	5	64	3	0	7,278
Utah	5,961	191	912	32	965	0	5,896	13,957
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	4,058	4,058
Virgin Islands	20	35	10	N/A	N/A	29	N/A	94
Virginia	19,481	6,445	275	76	50	0	0	26,327
Washington	28,129	2,095	1,512	182	2,550	103	121	34,692
West Virginia	9,761	399	9	3	4	0	0	10,176
Wisconsin	40,634	3,356	918	34	778	12	5,110	50,842 E
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	797,282	179,630	61,243	1,734	41,833	2,694	34,227	1,118,643
PERCENT OF TOTAL	71.3%	16.1%	5.5%	.2%	3.7%	.2%	3.1%	100.0%

A = Number of clients served instead of number of client admitted.
B = Includes both alcohol and drug admissions.
C = Does not include detoxification admissions.
D = Asian and Pacific Islander included in "Other" Category.
E = These admissions data are estimates.
F = All client information is for CY 1984.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT X

INFORMATION AVAILABILITY AND SOURCE FOR ALCOHOL RELATED CLIENT ADMISSIONS WITHIN TREATMENT UNITS THAT DO NOT RECEIVE ANY STATE ALCOHOL AGENCY FUNDS

STATE	INFORMATION AVAILABLE	SOURCE
Alabama	No	
Alaska	No	
Arizona	No	
Arkansas	No	
California	No	
Colorado	Yes	STATE A/D AGENCY
Connecticut	Yes	STATE A/D AGENCY
Delaware	No	
District of Columbia	Yes	STATE HEALTH PLANNING & DEVELOP. AGENCY
Florida	No	
Georgia	No	
Guam	No	
Hawaii	No	
Idaho	No	
Illinois	Yes	HOSPITAL QUESTIONNAIRE
Indiana	Yes	STATE A/D AGENCY SURVEY
Iowa	No	
Kansas	Yes	STATE A/D AGENCY
Kentucky	No	
Louisiana	No	
Maine	Yes	STATE A/D AGENCY
Maryland	No	
Massachusetts	No	
Michigan	No	
Minnesota	Yes	DAANES & CATOR
Mississippi	No	
Missouri	No	
Montana	Yes	DATA SYSTEM
Nebraska	Yes	PLANNING SURVEY
Nevada	Yes	STATE A/D AGENCY
New Hampshire	Yes	MINI-DAWN
New Mexico	No	
New Jersey	Yes	ALCOHOL MANAGEMENT INFO SYSTEM
New York	Yes	LOCAL SERVICES
North Carolina	No	
North Dakota	No	
Ohio	No	
Oklahoma	No	
Oregon	No	
Pennsylvania	No	
Puerto Rico	No	
Rhode Island	Yes	LICENSING VISIT
South Carolina	Yes	SC DEPT MENTAL HEALTH/REHABILITATION
South Dakota	Yes	VA HOSPITALS
Tennessee	Yes	LICENSURE SECTION
Texas	No	
Utah	No	
Vermont	No	
Virgin Islands	No	
Virginia	No	
Washington	Yes	PRIVATE AGENCY REPORTS
West Virginia	No	
Wisconsin	No	
Wyoming	Yes	STATE HOSPITAL

Source: State Alcohol and Drug Abuse Profile, FY 1985.

- Availability of client admissions data within treatment units that do not receive any State Drug Agency funds.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State Drug (and combined alcohol and drug) Agency was asked to provide data on the "number of client admissions during FY 1985 for DRUG related treatment services in all units which received at least some funds administered by the State Drug Agency." The information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug free). See Exhibit XI which follows.

A total of 43 State Agencies, the District of Columbia, Guam and Puerto Rico provided at least partial data on drug client treatment admissions by modality and by environment. The total of drug client treatment admissions during FY 1985 for these State Agencies was 274,861. Of the drug client admissions 12,586 were to hospitals, 52,925 to residential facilities, and 209,350 to outpatient environments.

In terms of treatment modality, 41,973 drug client admissions were for detoxification, 38,460 for maintenance and 195,187 for drug-free types of treatment services. Within each of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 50.6 percent of the detoxification admissions, 97.1 percent of the maintenance admissions, and 76.5 percent of the drug-free admissions.

In interpreting the client admissions data reported above it is important to note that it is limited to only those programs that received some State Drug Agency monies and did not include facilities that received no State Drug Agency administered monies during FY 1985. It is also important to note that some States were not able to report the information in the format requested.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Drug (and combined alcohol and drug) Agency was asked to provide data on "the number of client admissions during FY 1985 in units which

EXHIBIT XI

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT, TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1985

	DETOXIFICATION				MAINTENANCE			
STATE	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	11	0	0	11	0	0	197	197
Alaska	0	0	0	0	0	0	261	261
Arizona	3	13	74	90	0	0	883	883
Arkansas	0	4	0	4	0	0	0	0
California	0	2,734	9,785	12,519	0	20	4,465	4,485
Colorado	0	0	0	0	0	0	246	246
Connecticut	0	0	899	899	0	30	1,895	1,925
Delaware	0	161	0	161	0	0	89	89
District of Col	0	0	606	606	0	0	2,315	2,315
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	1,829	397	461	2,687	0	0	110	110
Guam	0	0	0	0	0	0	0	0
Hawaii	0	0	73	73	0	0	65	65
Idaho	0	130	0	130	0	0	0	0
Illinois	3	46	96	145	1	290	2,604	2,895
Indiana	0	1,251	0	1,251	0	0	787	787
Iowa	0	63	16	79	0	2	37	39
Kansas	0	334	0	334	0	0	0	0
Kentucky	0	602	0	602	0	0	36	36
Louisiana	15	590	0	605	0	0	200	200
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	306	1	1,016	1,323	17	0	1,566	1,583
Massachusetts	0	811	785	1,596	0	0	812	812
Michigan	N/A	1,331	205	1,536	N/A	N/A	2,183	2,183
Minnesota	0	0	0	0	0	0	55	55
Mississippi	435	0	125	560	0	0	0	0
Missouri	47	293	8	348	0	0	359	359
Montana	26	0	0	26	0	0	0	0
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	0	0	0	0	0	0	200	200
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	344	3,967	4,311	0	0	1,738	1,738
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	406	0	1,371	1,777	0	671	9,911	10,582
North Carolina	N/A	N/A	545	545	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	19	0	0	19	0	0	529	529
Pennsylvania	3,888	1,308	80	5,276	0	0	2,026	2,026
Puerto Rico	N/A	257	157	414	N/A	N/A	31	31
Rhode Island	216	0	297	513	0	0	95	95
South Carolina	0	695	0	695	0	0	114	114
South Dakota	0	22	0	22	0	0	0	0
Tennessee	318	301	0	619	0	0	187	187
Texas	39	1	16	56	2	3	1,130	1,135
Utah	184	51	21	256	0	21	174	195
Vermont	0	223	0	223	0	0	0	0
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	80	80
Virginia	N/A	55	221	276	N/A	55	664	719
Washington	0	0	323	323	0	0	804	804
West Virginia	371	1	93	465	0	0	0	0
Wisconsin	546	52	0	598	0	0	500	500
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	8,662	12,071	21,240	41,973	20	1,092	37,348	38,460
PERCENT OF TOTAL	20.6%	28.8%	50.6%	100.0%	.1%	2.8%	97.1%	100.0%

See footnotes at the bottom of next page.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XI

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1985

	DRUG FREE				TOTALS			
STATE	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	236	1,171	1,407	11	236	1,368	1,615
Alaska	0	400	748	1,148	0	400	1,009	1,409
Arizona	20	739	3,412	4,171	23	752	4,369	5,144
Arkansas	0	386	1,374	1,760	0	390	1,374	1,764
California	0	5,970	21,553	27,523	0	8,724	35,803	44,527
Colorado	177	117	2,295	2,589	177	117	2,541	2,835
Connecticut	0	1,544	2,874	4,418	0	1,574	5,668	7,242 A
Delaware	0	0	486	486	0	161	575	736
District of Col	0	168	597	765	0	168	3,518	3,686
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	318	713	5,992	7,023	2,147	1,110	6,563	9,820
Guam	0	0	11	11	0	0	11	11
Hawaii	0	102	1,174	1,276	0	102	1,312	1,414
Idaho	0	208	846	1,054	0	338	846	1,184
Illinois	3	1,930	4,738	6,671	7	2,266	7,438	9,711 B
Indiana	20	596	2,059	2,675	20	1,847	2,846	4,713
Iowa	12	652	803	1,467	12	717	856	1,585
Kansas	0	375	910	1,285	0	709	910	1,619
Kentucky	0	369	1,766	2,135	0	971	1,802	2,773
Louisiana	0	772	4,281	5,053	15	1,362	4,481	5,858
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	10	377	10,808	11,195	333	378	13,390	14,101
Massachusetts	0	808	7,722	8,530	0	1,619	9,319	10,938
Michigan	N/A	2,638	5,661	8,299	N/A	3,969	8,049	12,018
Minnesota	1,687	1,314	636	3,637	1,687	1,314	691	3,692
Mississippi	0	0	622	622	435	0	747	1,182
Missouri	0	1,073	2,846	3,919	47	1,366	3,213	4,626
Montana	0	45	1,149	1,194	26	45	1,149	1,220
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Nevada	0	240	374	614	0	240	574	814
New Hampshire	0	115	560	675	0	115	560	675
New Jersey	0	1,330	4,350	5,680	0	1,674	10,055	11,729
New Mexico	N/A	N/A	N/A	N/A	63	140	1,538	1,741 F
New York	0	7,749	16,482	24,231	406	8,420	27,764	36,590
North Carolina	N/A	N/A	N/A	2,697	N/A	N/A	545	3,242 D
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Oregon	0	209	2,681	2,890	19	209	3,210	3,438
Pennsylvania	708	3,967	9,584	14,259	4,596	5,275	11,690	21,561
Puerto Rico	N/A	181	580	761	N/A	438	768	1,206
Rhode Island	0	135	1,578	1,713	216	135	1,970	2,321
South Carolina	0	82	3,456	3,538	0	777	3,570	4,347
South Dakota	63	0	297	360	63	22	297	382
Tennessee	29	510	2,529	3,068	347	811	2,716	3,874 E
Texas	91	1,024	4,741	5,856	132	1,028	5,887	7,047
Utah	0	409	936	1,345	184	481	1,131	1,796
Vermont	0	253	572	825	0	476	572	1,048
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	80	80
Virginia	N/A	553	3,986	4,539	197	663	4,871	5,731 G
Washington	0	658	5,126	5,784	0	658	6,253	6,911
West Virginia	30	103	544	677	401	104	637	1,142
Wisconsin	476	572	4,314	5,362	1,022	624	4,814	6,460 E
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	3,644	39,622	149,224	195,187	12,586	52,925	209,350	274,861
PERCENT OF TOTAL	1.9%	20.3%	76.5%	98.6%	4.6%	19.3%	76.2%	100.0%

A = Number of clients served instead of clients admitted.
B = Drug free admissions include clients receiving early intervention services.
C = See alcohol admissions exhibit; it includes both alcohol and drug data.
D = North Carolina was not able to provide a breakout of 2,697 drug free admissions by Type of Environment.
E = These admissions data are estimates.
F = New Mexico was not able to breakout 63 admissions to hospitals, 140 to residential facilities and 1,538 to outpatient environments.
G = Virginia was not able to break out the 197 hospital admissions by Type of Care.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

received at least some funds administered by the State Drug Agency for DRUG related treatment services in each of the age, sex, race/ethnicity categories" specified.

Forty-six States, the District of Columbia, Guam and Puerto Rico reported drug client admissions data by sex. See Exhibit XII which follows. Overall, 69 percent of the drug client admissions were male, nearly 31 percent were female and data on sex was not reported for .2 percent of the drug client admissions.

Thirty-one State Agencies, the District of Columbia and Guam provided information on drug client admissions by age. See Exhibit XIII which follows. The proportions of client admissions that fell within the age-range categories requested were as follows:

Age	Percent of Admissions
Under 18	11.1%
18-20	9.8%
21-24	17.1%
25-34	43.2%
35-44	14.3%
45-54	2.6%
55-64	.8%
65 and over	.3%
Not Reported	.8%

In comparing the drug client admissions by age to the alcohol client admissions, it is clear that the drug client admissions tend to be younger (81.2% are under 35 years of age), while the alcohol client admissions tend to be older (a higher proportion of alcohol client admissions - 50.7% - fall in all age categories 35 and over).

With regard to drug client treatment admissions by age and by sex, a total of 29 States, the District of Columbia and Guam provided at least partial data according to the age categories specified. See Exhibit XIV which follows. A number of States encountered problems in reporting client admissions data by age and sex combined.

With regard to drug client treatment admissions information by race/ethnicity, a total of 42 States plus the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data. See Exhibit XV which follows. Overall, among the States reporting data, the percent of clients that fell within the race/ethnicity categories specified were as follows:

EXHIBIT XII

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY SEX AND STATE FOR FISCAL YEAR 1985

STATE	SEX MALE	FEMALE	NOT REPORTED	TOTAL
Alabama	1,062	450	0	1,512
Alaska	1,058	351	0	1,409
Arizona	3,314	1,830	0	5,144
Arkansas	1,306	458	0	1,764
California	29,195	16,459	0	45,654
Colorado	1,951	814	0	2,765
Connecticut	5,002	2,156	84	7,242 A
Delaware	552	184	0	736
District of Col	2,581	1,105	0	3,686
Florida	10,017	3,939	0	13,956
Georgia	6,914	2,906	0	9,820
Guam	10	1	0	11
Hawaii	888	526	0	1,414
Idaho	877	307	0	1,184
Illinois	6,743	2,968	0	9,711
Indiana	3,582	1,131	0	4,713
Iowa	1,059	405	121	1,585
Kansas	1,229	390	0	1,619
Kentucky	1,804	969	0	2,773
Louisiana	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A B
Maryland	10,938	3,163	0	14,101
Massachusetts	7,368	3,570	0	10,938
Michigan	8,268	3,662	0	11,930
Minnesota	2,817	875	0	3,692
Mississippi	830	352	0	1,182
Missouri	3,497	1,129	0	4,626
Montana	746	474	0	1,220
Nebraska	N/A	N/A	N/A	N/A B
Nevada	529	285	0	814
New Hampshire	475	200	0	675
New Jersey	8,197	3,532	0	11,729
New Mexico	1,033	505	0	1,538
New York	25,357	11,233	0	36,590
North Carolina	2,296	946	0	3,242
North Dakota	925	475	0	1,400 C
Ohio	9,501	5,111	0	14,612
Oklahoma	N/A	N/A	N/A	N/A B
Oregon	2,284	1,154	0	3,438
Pennsylvania	16,440	7,499	0	23,939
Puerto Rico	1,102	104	0	1,206
Rhode Island	1,393	712	0	2,105
South Carolina	3,134	1,213	0	4,347
South Dakota	274	108	0	382
Tennessee	2,418	1,456	0	3,874
Texas	5,307	1,738	2	7,047
Utah	1,251	545	0	1,796
Vermont	736	312	0	1,048
Virgin Islands	N/A	N/A	N/A	N/A
Virginia	4,071	1,660	0	5,731
Washington	4,529	2,382	0	6,911
West Virginia	765	377	0	1,142
Wisconsin	3,918	1,612	402	5,932 C
Wyoming	1,106	369	0	1,475
TOTALS	210,649	94,102	609	305,360
PERCENT OF TOTAL	69.0%	30.8%	.2%	100.0%

A = Number of clients served instead of clients admitted.
B = See alcohol admissions exhibit, it includes both alcohol and drug data.
C = These admissions data are estimates.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XIII

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1985

STATE	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER	NOT REPORTED	TOTAL
Alabama	112	168	224	658	200	43	19	88	0	1,512
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,033	495	661	1,323	1,323	98	99	72	40	5,144
Arkansas	154	289	402	683	178	47	9	2	0	1,764
California	3,269	3,974	8,333	21,829	6,472	1,415	321	41	0	45,654
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	136	74	116	314	82	14	0	0	0	736
District of Col	147	291	958	1,181	995	114	0	0	0	3,686
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	792	981	1,804	4,432	1,354	310	111	36	0	9,820
Guam	3	1	2	5	0	0	0	0	0	11
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	354	542	943	1,178	848	518	283	47	0	4,713
Iowa	132	269	375	540	123	21	1	3	121	1,585
Kansas	134	242	412	675	136	15	4	1	0	1,619
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	2,085	1,493	2,778	5,784	1,652	259	44	6	0	14,101
Massachusetts	1,473	1,091	1,843	5,131	1,236	129	27	8	0	10,938
Michigan	1,595	876	1,419	5,718	1,810	278	91	66	77	11,930
Minnesota	159	627	1,061	1,409	350	53	16	17	0	3,692
Mississippi	66	80	144	235	64	25	8	0	560	1,182
Missouri	330	597	1,116	1,948	528	84	18	4	1	4,626
Montana	200	155	248	234	289	49	36	9	0	1,220
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	217	90	106	200	48	4	0	0	10	675
New Jersey	610	790	1,873	6,396	1,800	216	38	5	1	11,729
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	4,299	3,781	4,955	15,776	6,404	1,043	177	24	131	36,590
North Carolina	375	360	635	1,441	335	69	23	4	0	3,242
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	377	202	405	896	189	18	15	3	0	2,105
South Carolina	1,184	441	568	1,513	484	112	37	8	0	4,347
South Dakota	81	57	83	133	16	3	5	4	0	382
Tennessee	374	315	712	1,872	421	111	44	21	4	3,874
Texas	538	678	1,277	3,260	1,021	213	53	5	2	7,047
Utah	149	129	232	637	143	33	13	7	453	1,796
Vermont	125	125	226	408	115	25	17	1	6	1,048
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	1,011	528	965	2,471	621	74	31	18	12	5,731
Washington	1,271	707	1,244	2,644	862	139	32	12	0	6,911
West Virginia	157	157	171	422	142	45	24	24	0	1,142
Wisconsin	1,128	528	830	2,140	680	156	46	16	408	5,932 A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	24,070	21,133	37,121	93,486	30,921	5,733	1,642	552	1,826	216,484
PERCENT OF TOTAL	11.1%	9.8%	17.1%	43.2%	14.3%	2.6%	.8%	.3%	.8%	100.0%

A = These admissions data are estimates.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XIV

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1985

STATE	UNDER AGE 18		18 TO 20		21 TO 24		25 TO 34		35 TO 44	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Alabama	84	28	139	29	169	55	458	200	147	53
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	674	359	352	143	469	192	831	492	831	492
Arkansas	112	42	239	50	311	91	502	181	124	54
California	2,307	962	2,630	1,344	4,756	3,577	13,483	8,346	4,611	1,861
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	111	25	61	13	88	28	228	86	54	28
District of Col	99	48	198	93	651	307	803	378	752	243
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	593	199	718	263	1,290	514	3,100	1,332	960	394
Guam	3	0	1	0	1	1	5	0	0	0
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	85	47	205	64	290	85	383	157	87	36
Kansas	104	30	206	36	329	83	481	194	102	34
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	1,528	557	1,235	258	2,189	589	4,426	1,358	1,307	345
Massachusetts	933	540	798	293	1,246	597	3,400	1,731	892	344
Michigan	1,116	479	692	184	957	462	3,866	1,852	1,303	507
Minnesota	95	64	488	139	836	225	1,058	351	276	74
Mississippi	45	21	64	16	117	27	164	71	37	27
Missouri	228	102	501	96	883	233	1,431	517	382	146
Montana	129	71	104	51	174	74	142	92	155	134
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	134	83	70	20	74	32	149	51	39	9
New Jersey	454	156	579	211	1,255	618	4,341	2,055	1,383	417
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	2,665	1,634	2,628	1,153	3,293	1,662	10,770	5,006	4,926	1,478
North Carolina	281	94	278	82	455	180	979	462	246	89
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	250	127	157	45	260	145	589	307	122	67
South Carolina	895	289	345	96	425	143	1,091	422	308	176
South Dakota	51	30	46	11	69	14	99	34	7	9
Tennessee	280	94	213	102	458	254	1,141	731	253	168
Texas	403	135	538	140	949	328	2,377	883	818	203
Utah	105	44	107	22	161	71	430	207	101	42
Vermont	79	46	93	32	159	67	301	107	77	38
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	743	268	396	132	673	292	1,727	744	444	177
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	87	70	114	43	123	48	302	120	90	52
Wisconsin	1,017	503	352	141	717	382	717	376	717	308 A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	15,690	7,147	14,547	5,302	23,827	11,376	59,774	28,843	21,551	8,005

A = These admissions data are estimates.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XIV PAGE 2 OF 2

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, SEX, AND STATE FOR FISCAL YEAR 1985

	45 to 54		55 TO 64		65 and OVER		NOT REPORTED		TOTALS		
STATE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	TOTAL
Alabama	24	19	10	9	31	57	0	0	1,062	450	1,512
Alaska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	54	44	54	45	24	48	25	15	3,314	1,830	5,144
Arkansas	15	32	2	7	1	1	0	0	1,306	458	1,764
California	1,114	301	258	63	36	5	0	0	29,195	16,459	45,654
Colorado	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Delaware	10	4	0	0	0	0	0	0	552	184	736
District of Col	78	36	0	0	0	0	0	0	2,581	1,105	3,686
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Georgia	173	137	61	50	19	17	0	0	6,914	2,906	9,820
Guam	0	0	0	0	0	0	0	0	10	1	11
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	6	15	0	1	3	0	0	0	1,059	405	1,585 B
Kansas	5	10	1	3	1	0	0	0	1,229	390	1,619
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	211	48	37	7	5	1	0	0	10,938	3,163	14,101
Massachusetts	75	54	19	8	5	3	0	0	7,368	3,570	10,938
Michigan	194	84	60	31	23	43	57	20	8,268	3,662	11,930
Minnesota	37	16	11	5	16	1	0	0	2,817	875	3,692
Mississippi	8	17	3	5	0	0	392	168	830	352	1,182
Missouri	63	21	6	12	2	2	1	0	3,497	1,129	4,626
Montana	24	25	14	22	4	5	0	0	746	474	1,220
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	2	2	0	0	0	0	7	3	475	200	675
New Jersey	155	61	28	10	1	4	1	0	8,197	3,532	11,729
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	836	207	131	46	16	8	92	39	25,357	11,233	36,590
North Carolina	43	26	11	12	3	1	0	0	2,296	946	3,242
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rhode Island	7	11	7	8	1	2	0	0	1,393	712	2,105
South Carolina	50	62	16	21	4	4	0	0	3,134	1,213	4,347
South Dakota	1	2	0	5	1	3	0	0	274	108	382
Tennessee	48	63	18	26	5	16	2	2	2,418	1,456	3,874
Texas	175	38	42	11	5	0	0	0	5,307	1,738	7,047 C
Utah	20	13	5	8	6	1	316	137	1,251	545	1,796
Vermont	15	10	8	9	1	0	3	3	736	312	1,048
Virgin Islands	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	51	23	20	11	11	7	6	6	4,071	1,660	5,731
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	24	21	14	10	11	13	0	0	765	377	1,142
Wisconsin	78	101	4	21	4	20	313	161	3,919	2,013	5,932 A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	3,596	1,503	840	466	239	262	1,215	554	141,279	63,458	204,860 D

A = These admissions data are estimates.

B = Total figure 1,706 admissions for Iowa includes 121 client admissions for which sex was not reported.

C = Total figure 7,049 admissions for Texas includes 2 client admissions for which sex was not reported.

D = Grand total admissions figure of 204,983 includes 121 admissions in Iowa and 2 admissions in Texas for which sex was not reported.

N/A = Information not available.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XV

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY AND STATE FOR FISCAL YEAR 1985

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	OTHER	NOT REPORTED	TOTAL
Alabama	1,199	312	N/A	N/A	N/A	1	N/A	1,512
Alaska	783	66	25	12	521	2	0	1,409
Arizona	3,567	262	983	N/A	266	41	25	5,144
Arkansas	1,362	388	5	3	6	0	0	1,764
California	23,217	7,825	13,592	628	373	19	0	45,654
Colorado	2,122	144	436	13	37	0	13	2,765
Connecticut	4,514	1,710	894	0	0	40	84	7,242 C
Delaware	423	280	33	0	0	0	0	736
District of Col	288	3,354	35	0	0	9	0	3,686
Florida	10,105	2,501	798	0	0	552	0	13,956
Georgia	7,089	2,710	8	5	6	2	0	9,820
Guam	0	0	0	11	0	0	0	11
Hawaii	450	36	0	281	0	584	63	1,414
Idaho	1,075	12	41	0	40	0	16	1,184
Illinois	5,224	3,795	618	24	37	2	11	9,711 D
Indiana	4,053	566	94	0	0	0	0	4,713
Iowa	1,332	86	14	3	27	3	120	1,585
Kansas	1,304	243	37	1	27	3	4	1,619
Kentucky	2,451	259	56	7	0	0	0	2,773
Louisiana	3,468	2,292	85	3	10	0	0	5,858
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	6,947	7,059	48	17	30	0	0	14,101
Massachusetts	8,636	1,313	856	22	25	86	0	10,938
Michigan	6,810	4,848	180	N/A	83	39	58	12,018
Minnesota	2,779	220	51	3	617	20	2	3,692
Mississippi	865	317	0	0	0	0	0	1,182
Missouri	3,024	1,548	36	6	12	0	0	4,626
Montana	1,116	4	12	0	87	1	0	1,220
Nebraska	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A A
Nevada	715	47	34	5	7	6	0	814
New Hampshire	640	11	7	1	1	3	12	675
New Jersey	6,711	3,752	1,244	0	0	21	1	11,729
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	17,420	10,925	7,807	N/A	N/A	290	148	36,590
North Carolina	2,267	936	4	0	27	8	0	3,242
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A A
Oregon	3,050	156	86	14	132	0	0	3,438
Pennsylvania	14,455	6,203	853	N/A	N/A	32	0	21,543
Puerto Rico	0	0	1,206	0	0	0	0	1,206
Rhode Island	1,895	121	42	0	6	41	0	2,105
South Carolina	3,177	1,150	11	2	7	0	0	4,347
South Dakota	288	6	0	0	84	4	0	382
Tennessee	3,199	664	1	0	5	5	0	3,874
Texas	3,554	999	2,641	3	21	0	9	7,227
Utah	1,364	57	142	5	29	0	199	1,796
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	1,048	1,048
Virgin Islands	21	31	20	N/A	N/A	8	0	80
Virginia	3,901	1,756	34	23	17	0	0	5,731
Washington	5,728	746	186	67	184	0	0	6,911
West Virginia	1,070	71	1	0	0	0	0	1,142
Wisconsin	4,276	1,014	186	2	46	2	406	5,932 B
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	177,934	70,795	33,442	1,161	2,770	1,824	2,219	290,145
PERCENT OF TOTAL	61.3%	24.4%	11.5%	.4%	1.0%	.6%	.8%	100.0%

A = See alcohol admissions exhibit, it includes both alcohol and drug data.
B = These admissions data are estimates.
C = Number of clients served instead of clients admitted.
D = Drug Free admissions include clients receiving early intervention services.

N/A = Information not available.

NOTE: Grand totals for client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	61.3%
Black, not of Hispanic origin	24.4%
Hispanic	11.5%
Asian or Pacific Islander	.4%
American Indian or Alaskan Native	1.0%
Other	.6%
Not Reported	.8%

A comparison of the drug client admissions to the alcohol client admissions in terms of race/ethnicity, reveals that the drug client admissions include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders, while the alcohol client admissions consist of more Whites (71.3 percent compared to 61.3 percent among drug clients) and American Indians or Alaskan Natives (3.7 percent as compared to 1.0 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State Drug (and combined alcohol and drug) Agency was asked to provide information on the number of client admissions by the primary drug of abuse. Thirty-nine States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data in response to this question. See Exhibit XVI. The totals indicate that, overall, heroin mentions constitute the largest portion of drugs of choice. However, a State-by-State analysis indicates that in 26 States, Guam and the Virgin Islands, cocaine or marijuana mentions exceeded the number of heroin mentions.

d. Availability of Client Admissions Data Within Treatment Units that Do Not Receive Any State Drug Agency Funds

Each State Drug Agency was asked to indicate whether information was available from the State Agency or from any other source on "DRUG related client admissions within treatment units that do not receive any State Drug Agency funds". A total of 20 State Agencies responded "Yes", indicating that at least some data were available on client admissions to such treatment units that receive no State Agency funding. The sources of such data vary widely. They range from the State A/D Agency or some of its components to a number of other sources such as the State Health Planning and Development Agency, CODAP or other existing data systems, a methadone registry and licensing visits. For further information on the individual State Drug Agency responses, see Exhibit XVII which follows.

EXHIBIT XVI

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND STATE FOR FISCAL YEAR 1985

STATE	HEROIN	OTHER NON-RX METHADONE	OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ SYNTHETICS	AMPHETAMINES	COCAINE
Alabama	N/A	N/A	363	87	N/A	N/A	31	131
Alaska	116	6	72	1	9	4	11	419
Arizona	1,282	29	241	42	109	48	285	811
Arkansas	50	2	133	51	66	105	178	150
California	21,943	113	1,214	239	383	190	2,537	5,664
Colorado	292	2	168	24	48	12	191	708
Connecticut	3,649	102	181	36	24	15	49	981
Delaware	184	2	11	6	5	2	127	101
District of Col	2,671	0	0	0	0	0	1	6
Florida	1,575	84	1,128	119	178	189	167	4,280
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guam	0	0	0	0	1	0	0	0
Hawaii	134	0	4	0	0	0	0	64
Idaho	37	2	42	14	15	18	87	112
Illinois	4,070	22	307	127	114	69	332	1,494
Indiana	442	10	335	0	0	0	0	0
Iowa	97	1	25	32	35	11	120	164
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	249	44	1,059	3	2	147	128	1,814
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	5,136	120	285	107	201	57	284	1,701
Massachusetts	4,212	41	655	95	214	94	115	1,963
Michigan	4,070	79	876	88	197	52	312	2,156
Minnesota	149	0	251	0	0	158	289	270
Mississippi	26	5	125	50	26	73	78	108
Missouri	595	12	404	101	127	88	280	271
Montana	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	114	7	70	28	27	60	178	119
Nevada	316	2	14	7	10	8	65	110
New Hampshire	39	1	2	8	9	1	23	218
New Jersey	7,102	145	386	235	164	130	938	1,735
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	16,893	423	530	298	432	175	428	6,339
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	216	0	521	7	6	32	17	113
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	791	20	205	15	51	22	648	580
Pennsylvania	5,696	219	1,403	574	607	359	4,805	2,683
Puerto Rico	549	0	4	2	8	1	1	28
Rhode Island	332	27	156	40	167	25	81	730
South Carolina	471	37	222	100	138	68	173	779
South Dakota	8	0	3	10	14	0	24	32
Tennessee	138	12	963	126	134	184	203	314
Texas	2,434	7	327	108	67	51	1,180	635
Utah	278	8	177	30	30	44	100	298
Vermont	22	5	16	12	40	15	37	146
Virgin Islands	58	N/A	2	N/A	N/A	N/A	N/A	3
Virginia	1,564	11	458	46	86	120	269	711
Washington	1,450	27	443	48	106	48	265	802
West Virginia	6	10	183	58	86	97	148	84
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	89,456	1,637	13,966	2,974	3,936	2,772	15,185	39,827

See footnotes at bottom of next page.

N/A = Information not available.

NOTE: Grand totals for client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XVI

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND STATE FOR FISCAL YEAR 1985

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER-THE-COUNTER	OTHER	TOTAL
Alabama	325	724	7	N/A	N/A	89	1,757
Alaska	455	0	11	2	2	6	1,114
Arizona	1,680	44	65	105	33	370	5,144
Arkansas	938	9	26	40	8	8	1,764
California	5,339	6,865	210	186	55	716	45,654
Colorado	971	7	67	82	9	231	2,812
Connecticut	727	5	40	9	1	1,423	7,242 AB
Delaware	277	6	10	1	2	2	736
District of Col	12	996	0	0	0	0	3,686
Florida	4,247	22	72	45	12	1,838	13,956
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guam	9	0	0	0	0	1	11
Hawaii	559	0	0	0	0	653	1,414
Idaho	766	3	18	20	5	45	1,264
Illinois	2,345	173	162	59	35	402	9,711 E
Indiana	0	0	0	0	0	3,926	4,713 F
Iowa	936	1	28	7	4	10	1,471
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	1,255	257	0	78	39	783	5,858
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	4,224	1,066	139	103	36	642	14,101
Massachusetts	2,089	79	122	10	11	1,238	10,938
Michigan	3,406	64	101	33	20	564	12,018
Minnesota	1,557	0	30	30	0	43	2,777
Mississippi	591	N/A	13	15	7	65	1,182
Missouri	2,382	128	29	38	15	156	4,626
Montana	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	986	3	36	4	13	192	1,837
Nevada	240	16	10	3	0	13	814
New Hampshire	304	0	21	1	6	42	675
New Jersey	495	97	179	N/A	40	61	11,729
New Mexico	N/A	N/A	N/A	22	N/A	N/A	N/A
New York	7,224	563	279	41	77	2,888	36,590
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	364	3	18	3	12	121	1,433
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	1,038	5	33	21	4	5	3,438
Pennsylvania	4,398	N/A	203	123	56	435	21,561
Puerto Rico	492	0	1	19	0	1	1,206
Rhode Island	362	30	114	9	9	21	2,105
South Carolina	2,026	N/A	32	95	19	187	4,347
South Dakota	250	2	3	27	0	9	382
Tennessee	907	13	37	47	8	788	3,874 C
Texas	1,793	6	55	323	1	60	7,047
Utah	559	2	22	28	9	21	1,796
Vermont	577	1	13	2	3	159	1,048 D
Virgin Islands	16	1	N/A	N/A	N/A	N/A	80
Virginia	2,122	206	63	34	6	35	5,731
Washington	2,598	20	70	12	10	97	6,911
West Virginia	384	15	7	39	3	22	1,142
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	62,225	11,432	2,346	1,716	570	18,368	267,615

A = Number of clients served instead of clients admitted.
B = "Other" category includes 880 clients whose primary drug of abuse was alcohol.
C = "Other" category includes 429 clients whose primary drug of abuse was alcohol.
D = "Other" category includes 104 non drug using family members of drug abusers.
E = Drug Free admissions include clients receiving early intervention services.
F = "Other" category includes admissions for polydrug abuse.

N/A = Information not available.

NOTE: Grand totals for client exhibits may differ depending on State ability to respond to specific categories.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985".

EXHIBIT XVII

INFORMATION AVAILABILITY AND SOURCE FOR DRUG ABUSE RELATED CLIENT ADMISSIONS WITHIN TREATMENT UNITS THAT DO NOT RECEIVE ANY STATE DRUG AGENCY FUNDS

STATE	INFORMATION AVAILABLE	SOURCE
Alabama	No	
Alaska	No	
Arizona	No	
Arkansas	No	
California	Yes	STATE A/D AGENCY
Colorado	Yes	STATE A/D AGENCY
Connecticut	Yes	STATE A/D AGENCY
Delaware	No	
District of Columbia	Yes	STATE HEALTH PLANNING AND DEVELOP. AGENCY
Florida	Yes	CODAP
Georgia	No	
Guam	No	
Hawaii	No	
Idaho	No	
Illinois	Yes	HOSPITAL QUESTIONNAIRE
Indiana	Yes	STATE A/D AGENCY SURVEY
Iowa	No	
Kansas	Yes	STATE A/D AGENCY
Kentucky	No	
Louisiana	No	
Maine	No	
Maryland	Yes	MD DRUG AGENCY
Massachusetts	No	
Michigan	No	
Minnesota	Yes	DAANES & CATOR
Mississippi	No	
Missouri	No	
Montana	Yes	STATE DATA SYSTEM
Nebraska	No	
Nevada	Yes	STATE PROGRAMS
New Hampshire	Yes	MINI-DAWN
New Jersey	Yes	NJ CODAP SYSTEM
New Mexico	No	
New York	Yes	METH/C REGISTRY
North Carolina	No	
North Dakota	No	
Ohio	No	
Oklahoma	No	
Oregon	No	
Pennsylvania	No	
Puerto Rico	No	
Rhode Island	Yes	LICENSING VISIT
South Carolina	Yes	SC DEPT OF MH
South Dakota	Yes	VA HOSPITALS
Tennessee	Yes	LICENSURE SECTION
Texas	No	
Utah	No	
Vermont	No	
Virgin Islands	No	
Virginia	No	
Washington	No	
West Virginia	No	
Wisconsin	No	
Wyoming	Yes	STATE HOSPITAL

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1985.

3. Comparisons of Client Admissions Data for FY 1984 and FY 1985

This subsection includes comparisons of alcohol and drug client admissions data reported for FY 1985 with that reported for the previous year, FY 1984. This material is organized under two topic headings as follows:

- Comparisons of alcohol client admissions data; and
- Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided comparable data for both FY 1984 and FY 1985.

a. Comparisons of Alcohol Client Admissions Data

For those State Agencies that provided alcohol client admissions information for both FY 1984 and FY 1985, a number of data comparisons were conducted. Following as Exhibit XVIII is a comparison of total alcohol client treatment admissions by State for FYs 1984 and 1985. Forty-four States, the District of Columbia and Puerto Rico were able to provide information for both years. The total alcohol client admissions figure for these State Agencies rose from 992,067 in FY 1984 to 1,051,892 in FY 1985, an increase of 59,825 admissions or just over six percent. However, as is clear from an inspection of the data, there exists considerable variability across individual States.

Alcohol client admissions data were also compared by type of care (detoxification, rehabilitation/ residential or outpatient) and by type of environment (hospital or non-hospital) across FYs 1984 and 1985. Forty-three States, the District of Columbia and Puerto Rico provided comparable data for both years. See Exhibit XIX which follows for summary data. The number of client admissions to rehabilitation/ residential care increased by 8.6 percent while the number of outpatient admissions increased by 11.9 percent. Also, in terms of admissions by type of environment, hospital admissions appeared to grow by 4.4 percent while non-hospital program admissions appeared to decline by 5.8 percent.

Since new categories were added to the alcohol client admissions questions relating to sex and to race/ethnicity (e.g., "Not Reported" and "Other") for FY 1985, meaningful comparisons cannot be made between FYs 1984 and 1985.

EXHIBIT XVIII

COMPARISON OF ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY STATE FOR FISCAL YEARS 1984 AND 1985

STATE	TOTAL ADMISSIONS 1984	1985	
Alabama	5,919	6,202	
Alaska	11,302	9,814	
Arizona	17,279	21,183	
Arkansas	8,837	7,378	
California	106,600	113,300	A
Colorado	44,176	42,463	
Connecticut	12,593	13,158	B
Delaware	4,345	3,197	
District of Col	7,382	7,595	
Georgia	31,417	40,620	
Hawaii	1,961	2,562	
Idaho	6,549	6,154	
Illinois	53,899	54,823	
Indiana	11,757	15,372	
Iowa	4,541	5,429	
Kansas	8,632	8,720	
Louisiana	9,322	11,278	
Maine	8,337	8,580	C
Maryland	25,004	24,182	
Massachusetts	63,953	66,401	
Michigan	34,660	34,725	
Mississippi	8,653	9,619	
Missouri	17,107	19,253	
Montana	11,391	6,975	
Nebraska	17,921	17,298	C
Nevada	3,906	3,269	
New Hampshire	2,236	2,484	
New Jersey	16,402	18,456	
New York	123,345	124,885	D
North Carolina	16,949	22,139	
North Dakota	10,228	8,800	A
Ohio	18,471	18,966	E
Oregon	22,464	31,376	
Pennsylvania	42,490	45,643	
Puerto Rico	2,711	3,514	
Rhode Island	7,891	6,922	
South Carolina	17,868	19,123	
South Dakota	8,022	5,311	
Tennessee	7,381	8,067	A
Texas	6,319	7,278	
Utah	9,643	13,957	
Vermont	3,833	4,058	
Virginia	21,607	26,327	
Washington	53,225	55,610	
West Virginia	12,236	10,176	
Wisconsin	51,303	59,250	A
TOTALS	992,067	1,051,892	

A = These admissions data are estimates.
B = Number of clients served instead of clients admitted.
C = Includes both alcohol and drug admissions.
D = Client admissions data are for calendar years 1983 and 1984.
E = Ohio client admissions for FY 1984 have been adjusted to reflect the same client universe as that used for the FY 1985 data.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories for both 1984 and 1985; this exhibit includes comparable FY data for 44 States plus the District of Columbia and Puerto Rico.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency".

EXHIBIT XIA

COMPARISON OF ALCOHOL CLIENT TREATMENT ADMISSIONS DATA BY TYPE OF CARE AND BY TREATMENT ENVIRONMENT FOR FISCAL YEARS 1984 AND 1985

	1984	1985	PERCENT CHANGE
TYPE OF CARE:			
DETOXIFICATION	412,940	401,610	-2.7%
REHABILITATION/ RESIDENTIAL	140,882	153,052	8.6%
OUTPATIENT	420,998	470,903	11.9%
TYPE OF ENVIRONMENT:			
HOSPITAL PROGRAMS	149,049	155,576	4.4%
NON-HOSPITAL PROGRAMS	847,034	798,224	-5.8%

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories in both FY 84 and FY 85; this exhibit includes comparable data from 43 States, the District of Columbia and Puerto Rico.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency".

b. Comparisons of Drug Client Admissions Data

For those State Agencies that provided drug client admissions information for both FY 1984 and FY 1985, a number of data comparisons were conducted. Most of these analyses were similar to the alcohol client comparisons. Following as Exhibit XX is a comparison of total drug client treatment admissions by State for FY 1984 and 1985. Forty States, the District of Columbia and Puerto Rico were able to provide information for both years. The total drug client admissions figure for these State Agencies rose from 255,512 in FY 1984 to 269,711 in FY 1985, an increase of 14,199 admissions or nearly 5.6 percent. However, an inspection of the data reveals that considerable variability exists across States in terms of increases or decreases in drug client admissions.

An attempt was made to compare drug client admissions data by type of care (detoxification, maintenance or drug-free) and by type of environment (hospital, residential or outpatient) across FYs 1984 and 1985. However, since directly comparable data were available from less than one-half of the States, these data are not considered to be sufficiently representative and are not presented. Also, since new categories (e.g., "Not Reported" and "Other") were added for FY 1985 to the drug client admissions question relating to sex and to race/ethnicity, meaningful comparisons cannot be made between FYs 1984 and 1985.

Drug client admissions data for FYs 1984 and 1985 were compared by primary drug of abuse. See Exhibit XXI which follows. Thirty-five States, the District of Columbia and Puerto Rico were able to provide comparable information for both years. The category "Other" increased from 8,321 admissions in FY 1984 to 14,128 admissions in FY 1985. The other most significant increase was reflected in the "Cocaine" category. The number of cocaine admissions increased from 26,653 in FY 1984 to 39,592 in FY 1985, an increase of 48.5 percent. Drug categories which were less likely to be noted as the primary drug of abuse for client admissions in FY 1985 included "barbiturates" (a decrease of 25.1 percent), "Other Sedatives and Synthetics" (a decrease of 25.8 percent) and "Other Hallucinogens" (a decrease of 23.1 percent).

EXHIBIT XX

COMPARISON OF DRUG CLIENT TREATMENT ADMISSIONS DATA BY STATE FOR FISCAL YEARS 1984 AND 1985

STATE	TOTAL ADMISSIONS		
	1984	1985	
Alabama	3,229	1,615	
Alaska	1,000	1,409	
Arizona	5,454	5,144	
Arkansas	1,304	1,764	
California	42,320	44,527	
Colorado	2,977	2,835	
Connecticut	7,459	7,242	A
Delaware	793	736	
District of Columbia	3,070	3,686	
Georgia	8,300	9,820	
Hawaii	815	1,414	
Idaho	1,169	1,184	
Illinois	8,192	9,711	B
Indiana	6,404	4,713	
Iowa	1,277	1,585	
Kansas	1,389	1,619	
Louisiana	6,624	5,858	
Maryland	12,957	14,101	
Massachusetts	5,693	10,938	
Michigan	12,185	12,018	
Minnesota	938	3,692	
Mississippi	1,112	1,182	
Missouri	5,736	4,626	
Montana	1,075	1,220	
Nevada	1,037	814	
New Hampshire	502	675	
New Jersey	10,623	11,729	
New York	36,549	36,590	
Oregon	3,217	3,438	
Pennsylvania	18,089	21,561	
Puerto Rico	3,586	1,206	
Rhode Island	2,233	2,321	
South Carolina	3,674	4,347	
South Dakota	722	382	
Tennessee	3,327	3,874	
Texas	7,600	7,047	
Utah	1,547	1,796	
Vermont	903	1,048	
Virginia	6,612	5,731	
Washington	7,915	6,911	
West Virginia	925	1,142	
Wisconsin	4,979	6,460	C
TOTALS	255,512	269,711	

A = Number of clients served instead of clients admitted.
B = Drug free admissions include clients receiving early intervention services
C = These admissions data are estimates.

NOTE: Grand totals for the client exhibits may differ depending on State ability to respond to specific categories for both 1984 and 1985; this exhibit includes comparable data for 40 States plus the District of Columbia and Puerto Rico.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency".

EXHIBIT XXI

COMPARISON OF DRUG CLIENT TREATMENT ADMISSIONS DATA BY PRIMARY DRUG OF ABUSE FOR FISCAL YEARS 1984 AND 1985

	1984	1985	PERCENT CHANGE
HEROIN	90,285	88,626	-1.8%
NON-RX METHADONE	1,541	1,620	5.1%
OTHER OPIATES/SYNTHENTICS	12,865	13,038	1.3%
BARIBITURATES	3,922	2,939	-25.1%
TRANQUILIZERS	4,193	3,902	-6.9%
OTHER SEDATIVES & SYNTHETICS	3,611	2,680	-25.8%
AMPHETAMINES	14,985	14,990	.0%
COCAINE	26,653	39,592	48.5%
MARIJUANA/HASHISH	58,757	60,850	3.6%
PCP	9,798	11,425	16.6%
OTHER HALLUCINOGENS	2,981	2,292	-23.1%
INHALENTS	1,933	1,687	-12.7%
OVER-THE-COUNTER	566	545	-3.7%
OTHER	8,321	14,128	69.8%
TOTAL	240,711	259,541	7.8%

NOTE: Grand totals for the client exhibits may differ depending on State ability respond to specific categories for both 1984 and 1985; this exhibit includes a summary of comparable data for 35 States plus the District of Columbia and Puerto Rico.

Source: State Alcohol and Drug Abuse Profile, FY 1985; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency".

V. AVAILABILITY OF TREATMENT RELATED DATA BY STATE

In order to determine the availability of treatment related data among the State Alcohol and Drug (A/D) Agencies, the States were asked whether any data were available on treatment outcome and/or the average costs of treatment by modality within their respective States. Fifty States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands responded to this request. See Exhibit XXII.

Thirty State A/D Agencies responded that treatment outcome data are available within their States. States were not asked to list the source of such data or to describe its contents, findings or limitations. It is anticipated that further analysis of the responses to this question may be undertaken at a later date.

Forty-one State A/D Agencies indicated the availability of information on the average costs of treatment by modality within their States. As with the question related to treatment outcome, States were not asked to provide detailed information on the source or extent of the data.

EXHIBIT XXII

AVAILABILITY OF TREATMENT OUTCOME AND COST DATA BY STATE

STATE	TREATMENT OUTCOME DATA	AVERAGE COSTS OF TREATMENT BY MODALITY
Alabama	No	Yes
Alaska	No	No
Arizona	Yes	Yes
Arkansas	Yes	Yes
California	Yes*	No
Colorado	Yes	Yes
Connecticut	No	Yes
Delaware	Yes	No
District of Columbia	Yes	Yes
Florida	Yes	Yes
Georgia	No	No
Guam	Yes	No
Hawaii	Yes	Yes
Idaho	Yes	Yes
Illinois	Yes	Yes
Indiana	Yes	Yes
Iowa	Yes	Yes
Kansas	Yes	Yes
Kentucky	No	Yes
Louisiana	No	Yes
Maine	No	Yes
Maryland/Alcohol	No	Yes
Maryland/Drug	Yes	Yes
Massachusetts	Yes	Yes
Michigan	No	Yes
Minnesota	Yes	Yes
Mississippi	No	No
Missouri	Yes	Yes
Montana	Yes	Yes
Nebraska	Yes	No
Nevada	Yes	Yes
New Hampshire	Yes	Yes
New Jersey	No	No
New Mexico/Alcohol	No	Yes
New Mexico/Drug	Yes	Yes
New York/Alcohol	No	Yes
New York/Drug	Yes	Yes
North Carolina	No	No
North Dakota	No	No
Ohio	No	Yes
Oklahoma	Yes	Yes
Oregon	No	Yes
Pennsylvania	No	Yes
Puerto Rico	Yes	No
Rhode Island	No	Yes
South Carolina	No	Yes
South Dakota	Yes	Yes
Tennessee	Yes	Yes
Texas	Yes	Yes
Utah	Yes	No
Vermont	Yes	Yes
Virgin Islands	No	No
Virginia	No	Yes
Washington	No	Yes
West Virginia	No	No
Wisconsin	Yes	Yes
Wyoming	No	No

* = Only drug information is available.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1985.

VI. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND DRUG AGENCY PERSPECTIVE

In order to identify the policy questions and issues currently being considered at the State level, the State Alcohol and Drug Agencies were asked to list their top three policy issues. Forty-nine States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands responded to this question. See Exhibit XXIII for a summary of the State-by-State responses.

States were not asked to rank the policy issues by priority level. However, in compiling the results of the responses, five policy issues were mentioned by at least 11 State agencies and are categorized as: 1) prevention and education; 2) services for children and adolescents; 3) public and private health insurance issues; 4) maintenance and measurement of quality of care in an environment of limited fiscal resources and cost containment efforts; and 5) the need to seek alternative sources of funding for treatment and prevention services.

Twenty State Agencies reported prevention and education services as a top policy issue. These responses ranged from the general need to increase prevention services, to the development and implementation of a Statewide prevention policy, to the mandatory provision of a grade K-12 curriculum in the schools.

The development of treatment and prevention services for children and adolescents was listed as a top policy issue by 17 State respondents. The responses ranged from the need to develop adolescent services, to the need to provide services to juvenile offenders, to the development of alcohol prevention projects for children.

Public and private health insurance issues including mandatory health insurance coverage by private health insurers and the expansion of Medicaid services to indigent clients in non-hospital settings were mentioned by 13 State respondents. Issues of quality control, treatment effectiveness and efficiency were also mentioned by 14 State Agencies with an emphasis on the need to maintain quality control and measure effectiveness and efficiency in an environment of limited resources.

The need to seek alternative sources of funding for treatment and prevention services was identified by 11 State respondents. Concerns were expressed about the need to maintain an adequate level of funding for services as well as the need to identify new sources of funding and eliminate barriers to reimbursement.

EXHIBIT XXIII

TOP THREE POLICY ISSUES AS REPORTED BY STATE ALCOHOL AND DRUG AGENCIES

STATE			
Alabama	1.ACCEPT JCHA ACCREDITATION	2.ADEQUATE LEVEL OF FUNDING A&D SERVICES	3.REVISE HALFWAY HOUSE STANDARDS
Alaska	1.STABILIZE AND REDUCE PER CAP CONSUMPTION	2.REDIRECT INTERV & CASE FINDING EFFORTS	3.INCREASE AND EXPAND PREV EFFORTS
Arizona/A	1.EXPAND PROGRAMS FOR SPECIAL POPULATIONS	2.SERVICES TO LESS CHRONIC ALCOHOL ABUSER	3.ALC PREV PROJECTS FOR CHILDREN & YOUTH
Arizona/D	1.ANALYZE STATE METHADONE REGULATIONS	2.BROADEN STATE LEVEL OFFICE	3.EXPAND PROGRAMS FOR SPECIAL POPULATIONS
Arkansas	1.ALCOHOL/DRUG EDUCATION (K-12)	2.EXPAND REQUIREMENTS FOR INS COVERAGE	3.SERVICES TO ADOLESCENTS
California	1.DRUG AND ALCOHOL PREVENTION	2.AIDS ISSUES	3.MANDATED FUNDING SET ASIDES
Colorado	1.DEVELOP ALTERNATIVE FUNDING MECHANISMS	2.VOLUNTARY COMPLIANCE WITH INSUR MODEL	3.DEVELOP PROGRAMMING W/YOUTH SVCS DEPT.
Conn.	1.TRANSFER OF DMH A&D RESPONSIBILITIES	2.BALANCED SYSTEM OF SERVICES	3.SERVICE ALTERNATIVES
Delaware	1.DUAL DIAGNOSED CLIENTS	2.SERVICES TO ADOLESCENTS	3.JOINT FUNCTIONAL PLANNING W/MH AGENCY
D.C.	1.PROVISION OF INPAT DRUG DETOX/TREATMENT	2.COMMITMENT FOR COMPREHENSIVE PREV STRAT	3.SVCS FOR CRIM JUSTICE REFERRALS
Florida	1.EXPAND PROVISION OF 3 CONTINUA OF CARE	2.INTERFACE WITH OTHER STATE AGENCIES	3.SERVICE DELIVERY AND QUALITY OF CARE
Georgia	1.IMPLEMENT 4 YEAR A/D SERVICE PLAN	2.ESTABLISH PROGRAM FOR REPEAT DUI	3.EDUCATE BOARD OF HR & COMMUNITY GROUPS
Guam	1.PROVISION OF COMPREHENSIVE SERVICES	2.STAFFING NEEDS	3.FREE STANDING MH FACILITY
Hawaii	1.ACCESSIBILITY OF SERVICES	2.PROGRAMS SHOULD SEEK OTHER $ SOURCES	3.PROGRAM ACCRED AND CERTIFIED COUNSELORS
Idaho	1.BEST TREATMENT FOR TYPE OF CLIENT	2.OBTAIN HIGH CLIENT OUTCOME RATES	3.PROVIDE EDUCATION TO CHILDREN OF ALC
Illinois	1.PREVENTION AND EDUCATION	2.UPGRADING QUALITY OF CARE	3.ADOLESCENT TREATMENT SVCS
Indiana	1.HEALTH INSURANCE COVERAGE	2.SERVICE EFFECTIVENESS	3.STATE FUNDING FOR SERVICES
Iowa	1.MEET DEMAND FOR TREATMENT SVCS	2.APPROPRIATE TREATMENT FOR DWI	3.ADDRESS THE NEEDS OF JUVENILES
Kansas	1.YOUTH	2.A/D ABUSE OUTPATIENT SVCS	3.SERVICES FOR MINORITY POPULATIONS
Kentucky	1.FUNDING TO IMPLEMENT MANDATED PROGRAMS	2.PREVENTION OF DRUNK DRIVING	3.INCARCERATION ALTER F/PUBLIC INEBRIATE
Louisiana	1.SEPARATE ADMINISTRATION OF A&D/MH	2.MANDATE TREATMENT OUTCOME DATA	3.STANDARDIZE SERVICE DEFIN & REPORT SVCS
Maine	1.DEVELOP ALTERNATIVES TO RESID REHAB	2.DEVELOP ADOLESCENT & RURAL SVCS	3.MORE REALISTIC THIRD PARTY PAYMENT
Maryland/A	1.ADOLESCENT TREATMENT SERVICES	2.IMPROVED SERVICES TO DWI OFFENDERS	3.ENHANCE SERVICES TO WOMEN
Maryland/D	1.EXPAND SERVICES TO JUVENILE OFFENDERS	2.SERVICES TO INDIGENTS VIA MEDICAID	3.REDESIGN A/D INFO SYSTEM
Mass.	1.DEVELOP STATEWIDE PREVENTION EFFORT	2.DEVELOP JOINT ADOLESCENT PROGRAMMING	3.COMBAT DRUNK AND DRUGGED DRIVING
Michigan	1.ACCEPTANCE OF JCHA ACCREDITATION	2.ADEQUATE LEVEL AND FUNDING FOR SA SVCS	3.REVISION OF STANDARDS
Minnesota	1.FUNDING SYSTEM REFORM/COST CONTAINMT	2.UNIFORM ASSESSMENT/PLACEMENT CRITERIA	3.ROLE IN AIDS PREV/TREATMENT
Missi.	1.IMPLEMENT PREV ACTIVITIES IN SCHOOLS	2.MAINTENANCE OF TREATMENT SERVICES	3.MANDATORY TREATMENT F/MULTIPLE DUI OFFE
Missouri	1.PROVISION OF SERVICES TO TARGET POP.	2.DEMONSTRATE PROGRAM EFFECTIVENESS	3.DECREASE COSTS TO STATE REVENUES
Montana	1.MAINTAIN QUALITY & CURRENT LEVEL OF SVCS	2.SERVICE EFFICIENCY AND EFFECTIVENESS	3.COMMUNITY DEVELOPMENT OF PREV PROGRAMS
Nebraska	1.EQUITABLE REIMBURSEMENT RATES	2.IMPLEMENT SUBS ABUSE SVC SYSTEM PLAN	3.IDENTIFY QUALITY SERVICES VIA TRT OUTCO
Nevada	1.NON-DISCRIMINATION IN SERVICE PROVISION	2.QUALITY OF CARE	3.MAINTAIN AND PREVENT SVCS TO AT RISK PO
New Hamp.	1.SUBS ABUSE EDUC IN GRADES K-12	2.DEVEL. OR PSYCH DISABLED SA CLIENT	3.ENCOURAGE HEALTH INSURANCE COVERAGE
New Jersey	1.MEDICARE/MEDICAID REIMBURSEMENT	2.MANDATORY DRUG ABUSE INSURANCE LEGIS	3.AIDS AMONG IV DRUG ABUSERS
N.M./A	1.FAMILY ORIENTED COMPREHENSIVE TRT PROG	2.EARLY INTERVENTION SERVICES	3.TREATMENT FOR ADOLESCENTS AND WOMEN
N.M./D	1.MOVING FUNDING INTO PREVENTION SVCS	2.IMPROVE QUALITY OF SERVICES	3.LIMIT USE OF METHADONE/COUNSELING SVCS
New York/A	1.DEVELOP STATEWIDE ALCOHOL PREV POLICY	2.ENSURE QUALITY OF ALC TREATMENT	3.MANAGING GROWTH OF SVC DELIVERY SYSTEM
New York/D	1.MAINTAIN EXISTING ESSENTIAL SERVICES	2.ADDRESS THE UNMET NEEDS	3.IMPROVE SERVICE QUALITY AND EFFECTIVENE
N.C.	1.ADOLESCENT SERVICES	2.INVOLUNTARY COMMITMENT FOR TREATMENT	3.PRIMARY SUBS ABUSE PREV PROGRAMS
N.D.	1.COMMUNITY PREVENTION PROGRAMS	2.OUTPATIENT TREATMENT & OUTREACH SVCS	3.ADOLESCENT TRT AND RESIDENTIAL CARE
Ohio	1.MERGE STATE ALCOHOL AND DRUG AGENCY	2.ADEQUATE CONTINUUM OF CARE	3.RESOURCE DEVELOPMENT
Oklahoma	1.DEVELOP ADOLESCENT SERVICES	2.EXPAND SERVICES TO DUI OFFENDERS	3.DEVELOP WOMEN'S RESIDENTIAL SERVICES
Oregon	1.EQUITABILITY OF ALLOCATION OF FUNDS	2.APPROPRIATE UNIT OF REIMBURSEMENT	3.COORDINATE 14 STATE AGENCIES; A&D MONIE
Penn.	1.MANDATED K-12 A/D CURRICULUM	2.MANDATORY HEALTH INSURANCE COVERAGE	3.CERT OF NEED F/NON-HOSP, RESIDENTIAL CT
P.R.	1.ESTABLISH THERAPEUTIC COMMUNITY CONCEPT	2.CONCEPTUAL FRAMEWORK FOR TRT/PREV	3.DIRECT PREV PROGRAM
R.I.	1.EXPAND FINANCIAL RESOURCES	2.PROMOTE LICENSING AND PROGRAMMING	3.PREV PROGRAMMING FOR UNDERSERVED
S.C.	1.INVOLUNTARY COMMITMENT	2.THIRD PARTY PAYMENTS	3.INCREASE REVENUE FROM ALC BEVERAGE TAX
S.D.	1.INCREASE STATE FUNDING BASE	2.ADDRESS INSURANCE COVERAGE ISSUES	3.PRIVATE SECTOR TRT. FOR INDIGENTS
Tennessee	1.MANDATORY INSURANCE	2.CRIMINAL JUSTICE/JUVENILE JUSTICE	3.YOUTH SERVICES
Texas	1.SIGNIFICANT UNDERFUNDING OF DRUG AB SVCS	2.MANDATORY INSUR COVERAGE FOR DRUG ABUSE	3.DEDICATE FUNDING FOR ALL SA SERVICES
Utah	1.YOUTH	2.WOMEN	3.CONTINUUM OF SERVICES
Vermont	1.IMPLEMENT EDUC PROGRAM IN EVERY SCHOOL	2.LINKS BETWEEN PROVIDERS	3.STATE SUPPORT FOR PUBLIC PROGRAMS
V. Islands	1.TREATMENT PROGRAMS	2.REHABILITATION/EDUCATION	3.PREVENTION/OUTREACH
Virginia	1.PROVISION OF CONTINUUM OF CARE	2.RESOURCE ALLOCATION FOR A/D SVCS	3.EVALUATE EFFECTIVENESS OF LOCAL SVCS
Washington	1.PROVIDE TREATMT FOR ALC WELFARE CLIENTS	2.CONTINUUM OF SVCS FOR YOUTH	3.PRIV-FOR-PROFIT METH. CLINICS
W. Va.	1.IMPROVE PROGRAM MONITORING	2.DEVELOP REGIONALIZED CORE SERVICES SYS	3.SEPARATE ACCOUNTABILITY FOR A/D ABUSERS
Wisconsin	1.EXPAND CITIZEN PARTICIPATION	2.OVERCOME SERVICE BARRIERS TO SPEC POPS.	3.BARRIERS TO FAMILY TREATMENT
Wyoming	1.SURVIVAL	2.LEGAL DRINKING AGE	3.SVCS FOR CHILDREN ADOLESCENTS

Source: State Alcohol and Drug Abuse Profile, FY 1985.

VII. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN FISCAL YEAR 1985

Each State Alcohol and Drug Abuse Agency was asked to indicate whether there were any major needs identified through its most recent State planning process for which resources were not adequate to meet those needs. The States were also asked to provide a brief description of those major needs and the types of resources that would be required to meet them. State-by-State information on major needs and required resources is attached as Appendix C.

Responses to the question of major needs and adequate resources were received from 49 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Only one State (Nevada) indicated that adequate resources were available to meet major needs within the State.

Narrative responses received from 49 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands indicate that there were major needs in these States in the areas of prevention and/or treatment for which adequate resources were not available. While the scope of the narrative comments and information retrieved from the States is quite broad, many responded that additional resources must be obtained to support the development of treatment and prevention services for youth and women. In addition, States noted the need to address: the requirements of other special populations such as minorities, dually-diagnosed clients, the elderly and persons with AIDS; a lack of adequate detoxification services; the need for expansion of existing outpatient services; and the need for increased funding of program staff positions and salaries.

The major need most frequently identified in both the FY 1984 and the current SADAP effort for FY 1985 was the development of treatment and prevention services for youth and women. For FY 1985, however, other frequently mentioned needs included expansion of detoxification services and increasing staff positions and salaries. For FY 1984, frequently mentioned needs included the provision of services to the criminal justice population and developing programs for driving while intoxicated offenders.

The majority of States indicated that resources required to adequately reconcile these unmet needs should be in the form of increased overall funding to compensate for the decrease in Federal support and lack of inflationary increases. However, some States also indicated other needs, including: research into emerging new areas, especially the designer drugs and the intravenous (IV) drug abuse - AIDS connection; additional facilities and staff to service the backlog of clients awaiting treatment; and policy mandates that recognize the priorities of the States in providing alcohol and drug abuse services.

Highlights from the information submitted by the States have been organized into the following four categories of need:

- Youth and Women;
- Other Special Populations;
- Detoxification Services; and
- Staff Positions and Salaries.

1. Youth and Women

A total of 41 State Agencies identified a need to expand treatment and/or prevention services for children and adolescents. Fifteen State Agencies reported the need for services specifically geared to women.

While States noted various unmet needs in the treatment and prevention of youthful alcohol and drug abuse, the most critical need among States is to expand and/or establish residential treatment facilities for youth. Twenty-two State Agencies noted such a need in their State. Nine States (Alabama, Indiana, New Mexico, Rhode Island, South Dakota, Tennessee, Texas, Utah, and Washington] mentioned the need for new or expanded outpatient services to youth. Three State Agencies (New Mexico, Oregon and Pennsylvania) also reported the need for increased identification and referral of alcohol and drug abusing youth by juvenile courts. A general need to expand adolescent treatment services was identified by 15 State Agencies [Kansas, Kentucky, Maine, Maryland (alcohol and drug), Minnesota, Montana, New Jersey, North Carolina, North Dakota, Oregon, Puerto Rico, Texas, Utah, and Wyoming]. Finally, three State Agencies [Maryland (drug), South Dakota, and Washington] identified a need for treatment personnel with expertise in counseling and treatment of chemically dependent adolescents and children.

Five State Agencies (California, Illinois, Iowa, Vermont, and the Virgin Islands) noted that resources were inadequate to meet the service needs of women. Alabama cited a specific need for expansion of outpatient and day treatment services targeted for women, while the Maryland Drug Agency observed that the need was greatest in the State for counselor/coordinators to provide services in female outpatient programs. Four States (Maine, Oklahoma, Oregon and Puerto Rico) described the need for establishment or expansion of specialized residential treatment programs for women. One State (Alaska) mentioned the need to improve its efforts in the prevention of Fetal Alcohol Syndrome (FAS). In addition to citing a general need for the expansion of services to alcoholic and drug addicted females, New Mexico expressed a specific need for the development of standards for the residential treatment of alcoholic women. And finally, Wisconsin cited a need to provide child care services for women in treatment as well as funding of an American Indian women's treatment center.

2. Other Special Populations

Twenty-three State Agencies responded that their State lacked adequate services to meet the needs of special populations other than women and children. Seven States (Alabama, California, Iowa, Minnesota, Oregon, Vermont, and Wisconsin) noted that the elderly population did not receive the adequate specialized services needed to prevent, identify and treat drug and alcohol problems among that group. Some States reported an inability to serve the handicapped population. California, Minnesota, New Hampshire, New Jersey, Oregon and Wisconsin identified a need to develop and expand services to substance abusers with physical or mental handicaps. The need to develop a procedure for identifying and referring substance abusers diagnosed as having AIDS was noted by four States (District of Columbia, Florida, New Jersey and New York). Other special populations noted by States as being underserved include: ethnic/racial minorities (California, Illinois, Iowa, Minnesota, and Wisconsin); persons in the criminal justice system (Delaware, Idaho, Kentucky, Oregon, Puerto Rico, and Wisconsin); indigent clients (Kansas, Montana, New Mexico and Virginia); the homeless (New Jersey and Pennsylvania); chronic alcoholics (West Virginia and Wisconsin); public inebriates (Kentucky and Texas) and inhalant abusers (New Mexico).

3. Detoxification Services

Twelve State Agencies reported unmet needs in the provision of detoxification services. Arizona, Georgia, Louisiana, Maine, Missouri, and New York (alcohol) identified a need for expanded detoxification services within their State. Oklahoma and Texas noted the need for new detoxification services, while Virginia added that although new detoxification services have been established within the State recently, the need to continue to develop such services remains. California noted a need for social model detoxification services, while the District of Columbia reported that sufficient resources were lacking to provide adequate inpatient drug detoxification, particularly for treatment of PCP use. Also, in analyzing financial accessibility the State of Nebraska found that emergency detoxification services in the State are not offered on an ability to pay basis.

4. Staff Positions and Salaries

Several States specifically identified the need to increase the number of program staff positions or to increase existing staff salaries. Arizona and Kansas noted a need for more realistic salary structures for treatment personnel. The Kansas State Alcohol and Drug Agency even suggested that excessive turnover in staff positions in the State treatment programs is a direct result of inadequate counselor salaries. Nine States identified a need for additional treatment and/or prevention personnel. Five States mentioned a need for ancillary staff to provide treatment and prevention services to special populations: (Maryland) addiction counselors/coordinators to serve adolescents and females; (South Dakota) full time counselors and referral employees to serve adolescents; (Virgin Islands) treatment personnel to staff a new women's program; (Washington) specially trained youth therapists to provide outpatient and aftercare services; and (Wisconsin) specially trained staff to treat the American Indian population.

VIII. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1985

Each State Alcohol and/or Drug Abuse Agency was asked to provide a narrative description of any significant changes in services which occurred during Fiscal Year (FY) 1985 and the reasons for such changes. Agencies from 43 States, the District of Columbia, Guam and the Virgin Islands submitted information in response to this request. The reports provided by the States are attached as Appendix D.

The scope of the narrative comments that were provided is quite broad ranging from information on changes in States' financial resources to the impact of new State legislation on the service delivery system, from a discussion of efforts in prevention programming to data on the types of persons served and drug use trends. The information submitted has been organized into the following six categories:

- o Changes in Financial Resources;
- o Intoxicated Driver Legislation and Services;
- o Prevention Programs and Services;
- o Changes in Services for Women;
- o Client and Drug Use Trends; and
- o Other Significant Developments.

Summary information from the States is presented within each of the following subsections.

1. Changes in Financial Resources

A total of 19 State Agencies provided comments related to either increases or decreases in funding support for treatment and/or prevention services. These State Agencies include Arizona, the District of Columbia, Guam, Idaho, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, Ohio, South Carolina, Tennessee and Wisconsin. Most of the States' comments on funding appear to be related to decisions by State legislatures to change the level of fiscal support for services. The majority of the State Agencies which provided information in this area discussed new funding and/or program initiatives (12 State Agencies). Some of these changes were major in scope. For example, the comment from the Iowa Agency refers to "landmark State legislation" which increased direct State support for alcohol and drug services from under $3 million in FY 1984 to over $8 million in FY 1985. This change resulted in greater support for both treatment services, including assumption of 100% of the costs for indigent clients at community based programs, and for prevention services at county and community levels. Also, the Iowa State Agency reported that the new law mandates that preliminary client intake and assessment procedures be accomplished before individuals are admitted for treatment to a State Mental Health Institute. Kentucky also indicated a significant increase in the level of services by reporting the allocation of "an additional $1,000,000 for DUI assessment, education and treatment for indigent offenders ... (and) DUI prevention programs". Also, the Missouri Agency reported a "27.2% increase in general revenue appropriation for FY 1986".

Some of the other State Agencies which reported increases in funding support and/or new program initiatives included the following:

- Maryland - A new residential facility for indigent cocaine abusers will be funded in FY 1986.
- Massachusetts - Awards were made to support new programs for previously underserved populations, including residential adolescent treatment, services for women, court diversion programs, services for Hispanics and prevention programs, among others.
- South Carolina - Substantial additional funding was provided to expand the School Intervention Program.
- Tennessee - A Governor's Task Force on Youth Alcohol and Drugs made recommendations which resulted in increased funding for youth services in 1985-86.
- Wisconsin - $125,000 was appropriated to support a new program to train and certify minority counselors to provide alcohol and other drug abuse services.

With regard to specific funding mechanisms, three State Agencies -- Missouri, Montana and Nevada -- discussed the positive impact on services from laws which mandate health insurance coverage for alcoholism and/or drug treatment services. Also, the State Agencies in Montana and New Jersey indicated that increased State taxes on alcohol were being used to provide additional or more stable funding for treatment and prevention services. However, the Ohio Agency indicated that declining per capita consumption of alcohol in the State resulted in some funding cuts for services (since service funding was tied to a percent of gross profits and permit fees), although new DWI license reinstatement fees were being used to reimburse the costs of indigents who attend driver intervention programs and to support treatment services.

A number of State Agencies provided narrative reports on reductions in the level of funding and services. These agencies included Arizona, Guam, Idaho, Minnesota, Nebraska and New Mexico. For example, the Arizona Drug Agency indicated that a 14% reduction in funding during FY 1985 resulted in a 3.8% reduction in the number of clients seen. Also, the Idaho Agency reported that "community awareness/community networking" services were being curtailed due to both dollar shortages and the lack of focus of many of those programs. In addition, the State Agency in Minnesota discussed program closures and increased difficulties in serving low-income clients as a result of various cost containment measures. New Mexico noted that excise tax revenues dedicated for alcoholism treatment had declined by $200,000 in FY 1985 due to a decrease in alcohol beverage sales. The State legislature has taken action to increase the percent of excise taxes dedicated to treatment from 49% to 52% effective July 1, 1986.

The District of Columbia Agency indicated the difficulties involved in attempting to confront an increased demand for services while having inadequate resources and staff. This State Agency is developing a fee schedule for services rendered which will be implemented in FY 1986.

Overall with regard to funding it is clear that each State Agency must continuously deal with the challenges of changes in the level of fiscal support from a variety of different sources. For example, due to recent reductions in oil prices, overall tax revenues in many States are being adversely affected and State programs, including alcohol and drug services, are likely to be reduced in those States.

2. Intoxicated Driver Legislation and Services

Seventeen of the State Agencies presented information on changes in intoxicated driver legislation and/or services in their States. These State Agencies include the District of Columbia, Guam, Indiana, Kentucky, Maryland, Montana, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Texas, Vermont, West Virginia, Wisconsin and Wyoming. It is clear that Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) statutes have had and are continuing to have a significant impact on the service delivery systems in many States. For example, the Maryland Alcohol Agency reports that with regard to DWI drivers, "68% of those assessed are in need of treatment". Also, DWI referrals constitute "more than 50% of the clients in treatment" in the State of Maryland. Similarly, the Wisconsin Agency reports that the DUI laws have resulted in "a dramatic increase in the number of clients assessed and the number entering treatment". The Rhode Island Agency indicates that treatment services for DWI offenders continue to be expanded. Also, the State Agency in New Jersey reports that by the end of the Fiscal Year at least one intoxicated driver resource center (IDRC) had been established in each county in the State.

Other State Agencies, such as that in Indiana, indicate that although "treatment providers continue to feel the impact of tougher DUI enforcement", it is not significantly different from FY 1984 or previous years. However, most of the State Agencies which raised the issue, such as West Virginia and the others noted above, indicate that "DUI clients constitute an increasing proportion of client admissions." In Kentucky some treatment centers have indicated that the large numbers of DUI court referrals have precluded staff outreach to voluntary clients. Also, specialized treatment programs such as Oklahoma's Alternatives to Incarceration for Drinking Drivers (AIDD) Program have continued to expand. Oklahoma's AIDD program has increased from 5 beds in October 1981 to 100 beds by the end of FY 1985.

Many States also report an expansion in alcohol education programs for the general public and/or for DUI/DWI offenders. Such increases in educational activity have been indicated by the District of Columbia, Guam, Kentucky, Montana, and Wyoming, among others. However, in some States, e.g., Wyoming, questions are being raised about the efficacy of some impaired driver schools.

Other State Agencies have reported on the impact of refinements in DUI/DWI statutes and/or in programs. For example, the North Carolina law was changed to require substance abuse assessements for additional populations including second offenders, those who refuse breathalyzer tests and those who have blood alcohol concentrations of .20 or more. Within Pennsylvania there has recently been increased use of group intervention programs for DUI offenders. Also, the Driver Rehabilitation Schools in Vermont now offer a Multiple Offender Course and are more active in attempting to intervene and encourage more first offenders to enter treatment if they need it.

Some State Agencies such as Kentucky, Ohio and Texas have reported increased fiscal support for DUI/DWI services. In Kentucky the State Legislature appropriated an additional $1,000,000 for these services. In Ohio portions of license reinstatement fees are being used both for treatment services and to reimburse costs for indigents who attend driver intervention programs. In Texas legislation was passed which provided for the diversion of monies from DWI fines to pay for treatment services.

3. Prevention Programs and Services

Agencies from a total of 23 States reported on significant changes in their prevention service systems. These State Agencies include California, Connecticut, the District of Columbia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Maine, Massachusetts, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Pennsylvania, South Carolina, Tennessee, Vermont, Virginia, Washington and Wisconsin. Many State Agencies continue to discuss increases in their prevention services. However, as differentiated from the FY 1984 survey comments that documented increased prevention services as a function of increased fiscal support, the FY 1985 survey comments cited changes in focus or in the type of prevention service being supported.

A number of State Agencies reported an increased emphasis on school based prevention programs. These States included Idaho, Montana, North Carolina, Pennsylvania, Tennessee, Vermont and Virginia. For example, in North Carolina funds were allocated to the Department of Public Instruction for development of a drug education curriculum and the training of personnel in 142 school systems across the State. Also, South Carolina has implemented a major expansion of its School Intervention Program. However, at least one State, North Dakota, has shifted its emphasis away from school based prevention approaches and to broader community based prevention strategies.

Most States, including many of those noted above, attempted to achieve a balance between support for both community based and school based prevention approaches. Those States which specifically mentioned their support of both approaches include California, Kansas, Tennessee, Vermont and Virginia.

Beyond greater emphasis on school based prevention approaches, State Agencies which mentioned an increase or continuation of prevention services include the following:

- Connecticut - Prevention has been identified as a priority focus area by the State Agency.

- District of Columbia - Increased prevention oriented activities have been instituted through campaigns such as those on Drunk and Drugged Driving Awareness and Fetal Alcohol Syndrome Awareness.

- Hawaii - Community participation in prevention has been fostered through the formation of groups such as Chemical People, Toughlove, Mothers Against Drunk Driving (MADD) and Students Against Driving Drunk (SADD).

- Iowa - An additional $550,000 was allocated to support increased prevention services; $150,000 was set aside "for prevention programming on a match basis with counties" and 85 mini-grants of $250 each were provided to encourage and support local parent and community group efforts in prevention.

- Kansas - State funded prevention programs served 135,000 citizens in FY 1985, an increase of 7% over FY 1984; also, school team training activities were expanded to 44 teams, the SADD network grew from 28 to 77 chapters and a new youth hunter safety program was instituted.

- Louisiana - The scope of work for some provider agency contracts was changed to emphasize prevention services leading to a 13% decline in the number of drug client related treatment admissions.

- Maine - The State Agency supported the implementation of four model prevention programs.

- Massachusetts - The separate Alcohol and Drug Agencies in the State cooperated in jointly funding prevention center programs.

- Missouri - The State Agency implemented a comprehensive statewide youth prevention program, the Missouri Institute for Prevention Services.

- New Hampshire - The State Agency implemented its Second Annual Teen Institute which provided an intensive week long training experience for 60 teen leaders.

- Tennessee - A Governor's Task Force on Youth Alcohol and Drugs developed recommendations that resulted in increased fiscal support for youth prevention and treatment services.

- *Texas* - *A Governor's Task Force led to* increased public recognition of the problems associated with juvenile inhalant abuse; also, increased support was provided to peer assistance programs.

- Virginia - The State Departments of Education, Mental Health and Mental Retardation (which includes the State Alcohol and Drug Agency) and Motor Vehicles are collaborating on a youth alcohol abuse prevention project.

- Washington - The State Agency has developed special plans, budgets and contracts to ensure that prevention services do not have to directly compete with community treatment providers for the limited funds which are available.

- Wisconsin - As a result of increased public awareness State prevention consultants experienced "a dramatic increase in demand for technical assistance from local communities" over the past year.

Additional comments from State Agencies which relate to prevention and may be particularly worth noting include the following:

- California - Drug abuse prevention efforts in the State are being expanded "to involve more people at the school and community level"; also, attention is being given to the "development of minimum standards for programs offering prevention services", as well as to the process of credentialling and certifying of prevention services.

- o Nebraska - Although there were no signficant changes in prevention services during FY 1985, due to lagging State tax receipts, significant cuts in resources may occur during the current and next year which will lead to difficult decisions as to the types of services that must be reduced.

4. Changes in Services for Women

A total of 13 State Agencies volunteered information relating to a significant change in services for women. These State Agencies include Alabama, Arkansas, California, Kentucky, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, Nevada, New Mexico, Ohio and Tennessee.

Most of the new State initiatives relating to expansion of alcohol and drug services for women appear to be the result of the 5% set aside requirement on the Alcohol, Drug and Mental Health Services Block Grant. Ten of the 13 State Agencies which provided narrative information explicitly mentioned the establishment of women's services in response to the Block Grant. Some of the specific new services mentioned by various States include the following:

- o Alabama - Four model programs for women were funded.

- o Arkansas - Since treatment services require a stable funding source, Arkansas fulfilled the Block Grant requirement through requesting and then funding unique and innovative prevention service grants for women; however, this new requirement limited the amount of monies available for prevention services with other populations who also have important needs, e.g., elderly, troubled youth and minority groups.

- California - The State Agency established a Women's Advisory Committee, issued Requests for Proposals for innovative women's projects and increased the level of technical assistance and training services for programs serving women.

- Kentucky - After a solicitation that resulted in 17 applications, the State Agency funded eight separate women's grants for a total of $177,500 and allocated $227,500 for such projects in FY 1986.

- Massachusetts - The State Agency provided grant awards for residential drug free services for women.

- Mississippi - The State Agency developed new guidelines that contain elements which specifically target resources for "the recruitment and retention of women in treatment programs".

- Missouri - As a result of the Block Grant requirement treatment programs specifically designed to serve women were expanded.

- New Hampshire - As of January 1, 1985 the State Agency established a halfway house for women.

- New Jersey - The State Agency designed and established a strategy for the implementation of women's services during the period from 1985-87.

- New Mexico - Four new programs for women with alcohol-related problems were created in response to the Block Grant set-aside for women. However, this was accomplished only by reducing all other services and programs by five percent.

- Nevada - In response to both Block Grant requirements and increased interest demonstrated by volunteer groups, on October 1, 1985 the State Agency funded a Community Addiction Clinic that provides a broad spectrum of prevention, education and related services for pregnant women, high risk female adolescents and other women.
- Ohio - In response to the Block Grant requirement the State Agency set aside the sum of $140,584 from the alcohol portion of the Block Grant in order to support women's services.
- Tennessee - The State Agency funded six new outpatient/day treatment programs and one new halfway house for women in response to the Block Grant set-aside requirement.

It should be noted that NASADAD did not specifically ask the States to address the Block Grant set aside requirement for women, but rather the State Agencies noted above voluntarily chose to address their increased efforts to serve women. It should also be noted that many States either in their narrative statements and/or in other communications with NASADAD have indicated that although this set-aside may be beneficial for women, it can adversely effect a variety of services for other underserved populations. Particularly for those States that received no increase in the level of their Block Grant awards, it is clear that in order to meet this set-aside requirement other services have to be either reduced and/or eliminated.

5. Client and Drug Use Trends

Basic information on changes in the types of clients being served and on trends in drug use is presented in earlier sections of this report, particularly in Chapter IV, Client Admissions to Alcohol and Drug Treatment Services, and in subsection IV.2.c., Client Admissions Data by Primary Drug of Abuse. The narrative information provided by State Agencies on significant changes and trends within their States indicates the following:

- Cocaine abuse is continuing to escalate in many States, and cocaine now constitutes the primary drug of abuse for a much higher proportion of client admissions to treatment than in previous years. More specifically, within their narrative comments seven State Agencies reported on increasing problems and/or greater demands for treatment services related to cocaine. These seven States include Maine, Maryland, Missouri, Rhode Island, South Carolina, the Virgin Islands and Wisconsin. For example, the Maryland Drug Agency discussed its "cocaine epidemic" that has resulted in many clients becoming addicted to cocaine, as well as to both cocaine and heroin. Since FY 1980 Maryland's cocaine related client admissions have increased by 304%; also, during FY 1985 client admissions with cocaine related problems constituted 38% of all client admissions for the year. In response to this problem the State of Maryland will be opening a new residential facility in FY 1986 that is specifically designed to serve indigent cocaine abusers.

- The need for and/or implementation of increased prevention and/or treatment services for youth was reported by at least 18 State Agencies including California, Florida, Indiana, Iowa, Kansas, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Washington, and Wyoming. A number of these States indicate that a specific need for more residential alcoholism and drug dependency treatment services for youth exists, but with tight funding and other legislated priorities (e.g., women) it is difficult to locate sufficient fiscal resources to provide such treatment services for youth.

- Additional client needs mentioned by various States include services for chronic inebriates, criminal justice referrals, the elderly and for those IV drug abusers who have AIDS. Although the AIDS problem received only one written mention, other correspondence and verbal communication indicate that AIDS already constitutes an epidemic among IV drug abusers in several States and it is likely to continue to spread and increase dramatically over the next few years.

6. Other Significant Developments

In addition to the significant changes in services noted above, many State Agencies discussed other important developments. Highlights of some of these developments are as follows:

- A total of eight State Agencies discussed improvements in their program licensing and/or individual practitioner certification procedures. These States include California, Florida, Iowa, Montana, Nevada, Rhode Island, Texas and Wisconsin. In some instances licensing responsibilities had previously been assumed by different State departments, while in other instances the State Alcohol/Drug Agencies have expanded their existing authority and activities in these areas. State Agencies that reported activity in the certification area include California, Florida, Iowa, Montana, Nevada and Wisconsin. For example, California has initiated efforts related to "credentialing and certification of prevention workers", Montana has initiated the development of certification standards for DUI course instructors and the Wisconsin Legislature "appropriated $125,000 to fund a program which will train and certify minority AODA (alcoholism and other drug abuse) counselors."

- At least six State Agencies volunteered narrative information on activities that they have initiated to improve their data collection procedures. These States include Alabama, the District of Columbia, Idaho, Louisiana, New Hampshire and Wyoming. For example, Idaho has moved to an outcome oriented system for service delivery by treatment providers. The Idaho State Agency has funded independent contractors to follow-up and interview clients to determine their condition at six months after admission to treatment. A random 20% sample of clients are followed-up and if the client cannot be found then he/she is counted as a treatment failure. The program treatment outcome rates are then considered as factors in the competitive bidding process as the State funds new or continuing services.

- Agencies in at least six States mentioned either specific needs and/or new services for the indigent and/or chronic inebriate population. These State Agencies include Kentucky, Minnesota, Rhode Island, South Dakota, Washington and West Virginia. For example, the Washington State Agency indicates that there has been a recent increase in the number of indigent alcoholics, usually located in urban areas, who receive welfare monies due to their incapacity related to alcoholism which has compounded the problem of a limited treatment capacity for this population. Limited funding for both welfare and treatment means that it is important to more effectively use existing monies to provide both life support and treatment services.

- Many other significant developments were also raised by State Agencies. For example, both Ohio and Texas discussed the mergers of the alcohol and drug offices in their States. The merger in Texas was accomplished in FY 1985, while the merger in Ohio has just been proposed by the Governor. However, even in Ohio the proposal has led to closer working relationships between the two agencies. Another example of a significant development and initiative at the State level includes an emerging interest in intensive outpatient services in the States of Maine and Montana.

APPENDIX A

NASADAD

National Association of State Alcohol and Drug Abuse Directors

President
Anne D. Robertson
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Chauncey L. Veatch III
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Luceille Fleming
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Richard Ham
Nevada
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Oregon

Executive Director
William Butynski, Ph D

October 15, 1985

William J. McCord, Director
South Carolina Commission on
Alcohol and Drug Abuse
3700 Forest Drive
Columbia, South Carolina 29204

Dear Mr. McCord:

I am writing to request your continued participation in the National Association's information collection activities. As you know, last year our National Association entered into a new three year contract with the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to continue operation of the State Alcohol and Drug Abuse Profile (SADAP).

Under the initial NIDA-NIAAA contract awarded in 1982, the State and Territorial Directors unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort. During the following two years an information collection instrument was designed, tested and further refined and resulted in the SADAP data collection effort. All 50 States, the District of Columbia and Puerto Rico participated in both the 1983 and 1984 SADAP. The information collected on alcohol and drug abuse services through SADAP is of considerable value and interest to the States, the Federal Government and the U. S. Congress.

The attached form, which I ask that you complete and submit to the NASADAD office by December 2, 1985, is the result of many hours of effort by a State consultant group made up of your peers and staff that met in May of this year. The format for the 1985 SADAP has been updated but maintains the key elements from 1984. Responses to the attached form should be gathered from secondary information sources already existing at the State level. As in previous years, a report displaying the information collected through the SADAP effort on

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a national and State-by-State basis will be made available to you once it is completed. Also, in recognition of the substantial contribution that you and your staff make to SADAP, this year as part of the final SADAP report we will include both your name and that of your data person.

Although the SADAP format has been designed to be simple and straightforward, a few brief instructions may assist your staff in completing the form. FIRST, a glossary of terms has been included to assist in resolving any questions regarding definitions of terms. I recommend that the glossary of terms be reviewed before responding to the questions on the SADAP form. SECOND, please note that when a question asks for information from your most recently completed Fiscal Year (FY 1985) it is to be information based on your State Fiscal Year. THIRD, some questions request information only on those programs that received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all alcohol and drug resources and clients in such programs, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. Also, please note that State Alcohol/Drug Agency administered funds can include State revenues, Federal block grant monies, Medicare or Medicaid funds, earmarked taxes or seized assets specifically targeted for alcohol and/or drug services, or any other monies administered by the State Alcohol/Drug Agency. FOURTH, this year we are requesting information on actual expenditures of funds. However, if you cannot provide actual expenditures in the timeframe given, please note this fact and provide your most recent allocation figures. FINALLY, I urge you to give special attention to the last two questions regarding service needs and significant changes in alcohol and/or drug services. In the past, information derived from the States' responses to these two questions has proved invaluable to NASADAD and the Federal Government in demonstrating to the Congress and the Administration the major needs of the States. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Nancy Record Project Manager of SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your ongoing cooperation and participation in our information collection efforts.

Sincerely,

Anne D. Robertson
President

Enclosures

NASADAD
STATE ALCOHOL AND DRUG ABUSE PROFILE FOR FY 1985

State: ________________ State Contact: ________________ Telephone: (   ) ____________

Please complete and return this form by December 2, 1985 to: NASADAD, 444 North Capitol Street, N.W., Suite 530, Washington, D.C. 20001

FUNDING INFORMATION

1. Report the total expenditures for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during Fiscal Year 1985. (**NOTE**: All boxes must be filled in with: (1) a dollar amount; (2) a zero (0) denoting that no funds from that funding source are expended for the particular activity; or (3) an "N/A" indicating that the information is not available.)

Funding Source	Type of Activity			
	Treatment	Prevention	Other	Total
A. ADMS Block Grant				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. Total				

2. Indicate the total number of treatment units which receive funds administered by the State Alcohol/Drug Agency in FY 1985 _______.

   Of this total indicate the number that are:

   A. combined alcohol/drug treatment units ______.

   B. alcohol only treatment units ______.

   C. drug only treatment units ______.

3. Of the total number of treatment units in the State in FY 1985, estimate the percent that received any funds administered by the State Alcohol/Drug Agency ______%.

ALCOHOL CLIENT INFORMATION

4. Enter the number of client admissions during FY 1985 for ALCOHOL related treatment services in all units which received at least some funds administered by the State Alcohol Agency:

ENVIRONMENT	TYPE OF CARE			
	Detoxification	Rehabilitation/ Residential	Outpatient	Total
Hospital				
Non-Hospital				
Total				

5. Enter the number of client admissions during FY 1985 in units which received at least some funds administered by the State Alcohol Agency for ALCOHOL related treatment services in each of the age, sex, race/ethnicity categories below. If unable to provide age by sex, provide totals by age and sex categories.

A.

SEX / AGE	CLIENTS		TOTAL
	MALE	FEMALE	
Under 18 yrs.			
18-20			
21-24			
25-34			
35-44			
45-54			
55-64			
65 and over			
Not Reported			
Total			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
Not Reported	
Total	

(NOTE: Grand totals in Questions 4, 5A and 5B should agree.)

6. Is any information available (from your State Alcohol/Drug Agency or any other source) on ALCOHOL related client admissions within treatment units that do not receive any State Alcohol Agency funds?
Yes ______ No ______

If yes, please identify the source: ______________________________.

DRUG ABUSE CLIENT INFORMATION

7. Enter the number of client admissions during FY 1985 for DRUG related treatment services in all units which received at least some funds administered by the State Drug Agency:

ENVIRONMENT	TYPE OF CARE			
	Detoxification	Maintenance	Drug Free	Total
Hospital				
Residential				
Outpatient				
Total				

8. Of the DRUG related client admissions noted in item 7 above, provide the number of client admissions that reported the primary drug of abuse as:

Heroin ______

Non-RX Methadone ______

Other Opiates and Synthetics ______

Barbiturates ______

Tranquilizers ______

Other Sedatives and Synthetics ______

Amphetamines ______

Cocaine ______

Marijuana/Hashish ______

PCP ______

Other Hallucinogens ______

Inhalants ______

Over-the-Counter ______

Other ______

Total ______

9. Enter the number of client admissions during FY 1985 in units which received at least some funds administered by the State Drug Agency for DRUG related treatment services in each of the age, sex, race/ethnicity categories below. If unable to provide age by sex, provide totals by age and sex categories.

A.

SEX AGE	CLIENTS		TOTAL
	MALE	FEMALE	
Under 18 yrs.			
18-20			
21-24			
25-34			
35-44			
45-54			
55-64			
65 and over			
Not Reported			
Total			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
American Indian or Alaskan Native	
Other	
Not Reported	
Total	

(NOTE: Grand totals in Questions 7, 8, 9A and 9B should agree.)

10. Is any information available (from your State Alcohol/Drug Agency or any other source) on DRUG related client admissions within treatment units that do not receive any State Drug Agency funds?
Yes ______ No ______

If yes, please identify the source: ______________________________.

OTHER INFORMATION

11. Are treatment outcome data available within your State?
Yes ______ No ______

12. Is there any information on the average costs of treatment by modality within your State? Yes ______ No ______

13. Please identify your State Agency's top three policy issues.

A. ______________________________

B. ______________________________

C. ______________________________

PLEASE BE SURE TO PROVIDE ANSWERS TO QUESTIONS 14 AND 15
SINCE THE ANSWERS PROVIDE VITAL INFORMATION.

14. Were there any major needs identified through your recent State planning process for which resources were not adequate to meet those needs? Yes _____ No _____

If yes, please provide a one-half page narrative description of those major needs and the type of resources required (e.g., staff, funds, facilities, technology, etc.)

15. Describe within a one-half page of narrative, any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1985 and the reasons for these changes (e.g., impact of funding changes; increased intoxicated driver enforcement efforts; voluntary group activities; and/or changes in drug abuse trends).

SADAP - 1985
Glossary of Terms

ADMS Block Grant - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services Block Grant program and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted to and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

Hospital - An institution that provides 24 hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Other (Type of Activity) - Other activities beyond treatment or prevention services, e.g., training, research, administration.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the ADMS Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration and Indian Health Service.

Other Sources - All funds used for support of alcohol and/or drug treatment or prevention services other than monies from the ADMS Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursement from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State alcohol and/or drug agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State alcohol and/or drug agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State alcohol and/or drug agency's State appropriation.

Outpatient (Alcohol) - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Outpatient (Drug) - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a pre-determined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of ADMS Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Alcohol) - An approach which provides in a hospital or non-hospital (including a halfway house) setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Drug) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assets specifically appropriated to the State alcohol and/or drug agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - Formal organized services (including detoxification, treatment and aftercare) for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort and ameliorating the signs or symptoms caused by alcohol and/or drug abuse.

Treatment Unit - Discrete location, building or stand alone facility where alcohol and/or drug treatment services are provided by specially trained staff. In the case of outreach services, count only permanent base of operations.

APPENDIX B

STATE-BY-STATE POPULATION, PER CAPITA INCOME, POPULATION DENSITY AND REVENUE FIGURES

STATE	POPULATION JULY 1, 1985 (IN THOUSANDS)	1983 POPULATION DENSITY (PER SQUARE MILE)	1984 PER CAPITA INCOME (IN DOLLARS)	FY 1984 STATE REVENUES (IN THOUSANDS OF DOLLARS)
Alabama	4,021	78	9,992	6,195
Alaska	521	1	17,487	5,463
Arizona	3,187	26	11,841	4,552
Arkansas	2,359	45	9,805	2,967
California	26,365	161	14,487	50,634
Colorado	3,231	30	13,847	4,878
Connecticut	3,174	644	16,556	5,514
Delaware	622	314	13,685	1,494
District of Col	626	9,891	17,113	-
Florida	11,366	197	12,763	11,896
Georgia	5,976	99	11,551	7,458
Guam	-	-	-	-
Hawaii	1,054	159	13,042	2,541
Idaho	1,005	12	10,092	1,478
Illinois	11,535	206	13,802	16,470
Indiana	5,499	152	11,717	7,163
Iowa	2,884	52	12,160	4,351
Kansas	2,450	30	13,248	3,363
Kentucky	3,726	94	10,300	5,448
Louisiana	4,481	100	10,808	7,201
Maine	1,164	37	10,813	1,873
Maryland	4,392	438	14,464	7,296
Massachusetts	5,822	737	14,784	10,253
Michigan	9,088	159	12,607	17,071
Minnesota	4,193	52	13,247	8,826
Mississippi	2,613	55	8,777	3,641
Missouri	5,029	72	12,151	5,964
Montana	826	6	10,546	1,538
Nebraska	1,606	21	12,430	2,047
Nevada	936	8	13,320	1,767
New Hampshire	998	107	13,192	1,276
New Jersey	7,562	1,000	15,440	14,677
New Mexico	1,450	12	10,262	3,338
New York	17,783	373	14,318	42,412
North Carolina	6,255	125	10,850	8,735
North Dakota	685	10	12,352	1,553
Ohio	10,744	262	12,355	18,682
Oklahoma	3,301	48	11,655	5,064
Oregon	2,687	28	11,611	4,981
Pennsylvania	11,853	265	12,314	18,985
Puerto Rico	-	931	-	-
Rhode Island	968	906	12,820	1,987
South Carolina	3,347	108	10,116	5,017
South Dakota	708	9	11,069	999
Tennessee	4,762	114	10,419	5,335
Texas	16,370	60	12,572	18,912
Utah	1,645	20	9,733	2,877
Vermont	535	57	10,802	992
Virgin Islands	-	-	-	-
Virginia	5,706	140	13,254	8,171
Washington	4,409	65	12,792	8,833
West Virginia	1,936	81	9,728	3,547
Wisconsin	4,775	87	12,474	9,572
Wyoming	509	5	12,224	1,802

- = Information not available.

APPENDIX C

STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS

ALABAMA:

- The planning process has resulted in three major areas of unmet need.
    - Increased funding of existing residential services.
    - Expansion of short term and long term substance abuse residential services.
    - Expansion of outpatient and day treatment services with emphasis on accessibility to target populations such as working people, women, children and elderly.

ALASKA:

- Improved efforts in the prevention of Fetal Alcohol Syndrome.

- Establishment and operation of a residential youth treatment facility.

- There is an overall need to conduct special prevention efforts on a regular and consistent basis.

ARIZONA:

- The Office of Community Behavioral Health has identified domestic violence shelter services as under-developed in Arizona. While not specifically supported by drug, alcohol, or mental health funds (domestic violence funds are a separate legislative appropriation) the clients served often have difficulties that grow out of substance abuse problems. We fund shelters and safe homes throughout Arizona and believe this system is in need of expansion.

- The capacity to serve clients in need of methadone maintenance services is not sufficient to meet demand. Publicly supported programs are having to delay client registration. Additional funding is required.

- Expanded residential treatment services are needed for women with dependent children, for clients needing detoxification services, and for drug abusing youth. Various facilities already established need refurbishment and more realistic salary structures. Additional funding is required.

ARKANSAS:

- Youth involved, at some level of severity, with alcohol and other drugs, and how to create/design services for this group have gained increasing emphasis in the last year. Data on the number of youth needing treatment are limited. A recent drop-out study has provided considerable new information in this area. The OADAP has made available limited funds for a pilot project designed to provide residential treatment to adolescents. There are not sufficient funds to initiate a new program. It is anticipated that the limited pilot will provide further support for the need for more services to this group. The current funding situation will prohibit any service expansion.

CALIFORNIA (ALCOHOL):

- A survey of the critical unmet needs, as defined by the local county alcohol authorities, resulted in an unmet need costing $85 million.

- Other data sources, identified in the State Alcohol Plan, indicate that special underserved population groups are inadequately served in California. These groups are made up of women, ethnic minorities, youth, the elderly and the disabled.

- A variety of services are needed throughout the State, such as social model detoxification and recovery homes, residential treatment, non-residential and outpatient services, and prevention services.

CALIFORNIA (DRUG):

- Major needs include:
  - Treatment facilities for cocaine and synthetic drug abusers.
  - Treatment facilities (residential) specifically for AIDS-diagnosed patients and for youth services.
  - Affordable laboratory tests to detect presence of fentanyl analogs.

- Resources required include:
  - Adequate and timely research on the epidemiology of synthetic and natural drugs to facilitate development of public policy and program funding priorities.

COLORADO:

- o With increased funds we would be able to provide higher reimbursement rates for services currently provided and expand services to meet the needs of a greater percentage of the target population.

CONNECTICUT:

- o A major need identified is the replacement of federal funds due to decreased block grant allocations and lack of inflationary increases. In the first instance, a $410,000 decrease in Social Services Block Grant (SSBG) funds became effective October 1, 1985. These monies are needed to maintain the existing community based treatment and rehabilitation system. The October 1, 1985 decrease in SSBG funds was offset this year by unallocated funds which resulted from the closing of one program. Without an increase in subsequent years, service reductions would be required. In the second instance, CADAC has identified $66,819 needed to replace the amount of Alcohol, Drug Abuse and Mental Health Services (ADMS) block grant funds which will no longer be available due to inflationary costs. The effect of status quo funding is a loss of ability to maintain current positions due to increased costs relating to collective bargaining increases and anniversary increases.

- o Another major need identified in our planning process is the expansion of the service delivery capability of existing prevention programs. CADAC has identified $100,000 to increase by 50% the number of youth, teachers and other adults to be served by high demand population services.

DELAWARE:

- o Appropriate residential treatment resource for adolescent alcohol/drug abusers.*

- o Residential treatment alternatives to incarceration for alcohol/drug abusers with significant criminal justice involvement.**

* Legally under auspices of separate governmental unit. Need acknowledged but not responsibility of this agency.

** Not sole responsibility of this agency.

DISTRICT OF COLUMBIA:

The following needs were identified, but not provided in the District of Columbia due to inadequate resources:

NEEDS	INADEQUATE RESOURCES
o Inpatient drug detoxification (PCP and other drugs)	Funds
o Treatment slots for court referral	Funds, Staff
o High risk identification and referral (AIDS, prenatal care)	Funds, Staff
o Communications network (to link treatment programs and compile data)	Funds, Technology

FLORIDA:

- There are currently insufficient funds to expand and enhance alcohol and drug abuse services. In addition, with an increase in cocaine use and AIDS clients (Florida currently has the third highest number of confirmed AIDS cases) additional resources will be needed to provide adequate services for these two population groups.

GEORGIA:

- During 1985, the Alcoholism and Drug Abuse Services Plan was formulated in order to realign resources to shift the balance more toward a community-based continuum of care. The plan further provided that the size and function of the eight regional hospital alcohol and drug units be reduced to serve only the most problematic patients and the acutely medically involved. Over a four year period, hospital resources are being redirected to develop 24 hour community services to provide for detoxification, 28-day residential treatment and extended residential care in eight regions of Georgia. During FY 1986, three regions will implement a regional system of services for alcohol and drug clients. The implementation of this portion of the plan is supported by the Department of Human Resources FY 1986 improvement funds. The plan projects an increase in all alcohol and drug abuse residential treatment beds from the current number of 646 to a total of 992 at a cost of $6 million over a four year period.

GUAM:

- Major needs that were identified for which resources were not adequate include the development and implementation of a drug and alcohol unit, a satellite medication and mental health clinic, specific risk reduction services for special populations, the Department's quality assurance program, and the Department's management information system. Many of these needs were not met because of a lack in funds, educational institutions, and coordination among other planning/research agencies.

HAWAII:

The following table demonstrates the gap in available services and the resources needed to reach a low average level of services:

	AVAILABLE RESOURCES	SUPPORT NEEDED
o Prevention	$ 430,604	$723,331 + 38.6 F.T.E.
o Emergency/Crisis Intervention	$ 21,926	$495,385 + 19.3 F.T.E. + 26,055 bed days
o Outpatient	$ 1,224,335	$11,467,573 + 104.2 F.T.E.
o Residential	$ 1,122,731	$5,839,915 + 138,400 bed days

IDAHO:

- Idaho identified the need to establish a residential treatment program for adolescents needing longer term, more structured substance abuse treatment. Estimates were that this would cost $250,000 or more. Also identified as a need was the development of treatment programs for persons under custody of the State or county - (criminal justice systems - jails, prisons, etc.) or foster homes, youth homes, etc. The need to find cost effective treatments, matching clients and treatments, has continued to be a priority for substance abuse administration.

ILLINOIS:

- The Illinois Department of Alcoholism and Substance Abuse (DASA) coordinates services and distributes grants to community drug and alcohol prevention and treatment service providers. By far, the largest portion of the DASA budget is grant-in-aid. Based on research conducted by the agency, it appears that the major problem in Illinois is the lack of a full range of services in all areas, as well as the lack of adequate services to special populations (i.e.,

ILLINOIS: (cont'd.)

youth, women, minorities) in all parts of the State. This is caused by the fact that federal and State funding is limited, and the State's top priority at this time is to provide continued funding to the existing service system, thereby upgrading the quality of care. In a State as geographically large and culturally diverse as Illinois, additional centers throughout the State are necessary to adequately serve the population.

INDIANA:

- Services, primarily of a non-hospital 24 hour residential nature, were identified as deficient for both youth and adults. Intensive outpatient treatment (day treatment) needs were likewise noted as insufficient. The absence of a statewide prevention strategy was noted. Funding in the areas of $12,000,000 annually was identified as needed to meet the reasonable demands for services.

IOWA:

- Respondents to a mailed questionnaire identified the following treatment needs: specialized services to ethnic/racial minorities and the elderly; adult in-patient services; halfway house services for men and women; day care services; and adolescent residential services. In prevention, respondents called for increased services to minorities, the elderly, and women. In addition, respondents requested more specialized training for groups outside the network of prevention and treatment programs. Those groups included police officers, volunteers, parents, physicians, clubs and organizations, prison staff, administrators and teachers.
- Although there was an increased State appropriation for FY 1985, these funds were not sufficient to address the identified needs.

KANSAS:

- To enhance and promote community programs furthering youth prevention, intervention and treatment services, a $10.6 million investment is needed over the next 5 years.
- To promote and enhance community programs furthering alcohol and other drug abuse outpatient services, with special attention to the needs of both employed and indigent clients, a 5 year $650,000 investment is necessary.

- To enhance and promote community programs furthering prevention, intervention and treatment services for minority populations, a $2,376,000 investment is needed.
- More than $5 million in State and community funding is needed for capital improvements in treatment facilities.
- Inadequate counselor salaries resulting in excessive turnover is a longstanding problem.

KENTUCKY:

- Governor's Task Force on Drug and Alcohol Prevention - funds would be allocated to implement the recommendations of the Governor's Task Force.
- Treatment Services for Adolescents - through subcontract arrangements with CCC's new services targeted at youth who have alcohol and drug problems would be developed.
- A&D Treatment Services for Adults - Expansion of CCC system would include more halfway house and residential treatment programs for adults who abuse alcohol and drugs.
- Alternatives to Incarceration - In order to implement the intent of the Decriminalization of Public Intoxication Act, alternative programs need to be established.
- Prescription Abuse Data Synthesis (PADS) - One staff position and computer capability would be required to implement this recommended program of the Governor's Task Force on Prescription Drug Abuse.
- Criminal Justice Diversion Program - Each CCC would have opportunity to establish court liaison for MH-MR-SA identification and referral.
- Capitol Construction of Alcohol and Drug Facilities - The legislature would appropriate funds for a bond issue.
- Employee Assistance Program for State Government - An EAP program would be established by the Department of Personnel for all State government employees.
- Alcohol & Drug Programs in Kentucky Prisons - the Corrections Cabinet would expand programs in 5 prisons in Kentucky.

LOUISIANA:

- A recently completed needs assessment identified the following major needs and the resources required to meet total needs of those dependent on public sector treatment resources.
  - To provide 100% of detoxification needs an additional 197 beds would be needed. Existing beds for detox services in the public sector totals 40.
  - For inpatient (30 day) treatment, unmet need is estimated to be 207 beds. Through existing resources, 310 beds are presently available for a total bed need of 517.
  - Halfway house/residential services are now provided through 197 beds. Unmet need is estimated to be 557 beds.
  - For outpatient treatment services, it is estimated that an additional 395 treatment staff positions would be needed to meet 100% of need for services based on a caseload of 1:50.
  - An additional $10,625,634 would be needed to fund approximately 50% of the unmet need in new or expanded prevention/intervention/treatment programs.

MAINE:

- Both inflation and increased quality of services have diminished the buying power of existing funds.
- Halfway house services for women.
- Expansion of rural outpatient services.
- Extended care services for late stage population.
- Expansion of adolescent treatment.
- Shelter/detoxification services.

MARYLAND (ALCOHOL):

- Services to adolescents - additional funds need to be appropriated to provide expanded assessment and treatment and residential treatment services. These gaps in services have been identified and are priority funding items for this current fiscal year and the next three fiscal years. In addition to this, increased prevention and intervention efforts have been initiated in conjunction with other human service agencies in the State. It is projected that annually, a need to provide residential placements for 300 adolescents in fiscal year 1986 will outstrip the available resources and additional residential facilities will have to be developed. Projected costs through purchase of service contracts will be around $500,000 to $750,000 annually.

MARYLAND (DRUG):

- To fund an additional nine addiction counselor positions to serve as adolescent treatment coordinators throughout the State to provide liaison with other juvenile agencies; assessment and referral to residential facilities; outpatient and family counseling ($200,000).
- To improve treatment services for an estimated 750 new female clients annually in outpatient programs by providing two counselor/coordinator positions in each of the five regions throughout the State ($225,000).
- To provide Group Home Care for approximately 92 adolescents annually who have completed formal treatment for substance abuse, but need extended aftercare and are unable to return to their own homes ($303,000).

MASSACHUSETTS

- Several major needs were identified through the recent State planning process for which resources were not adequate to meet those needs. First, there has been a need to increase prevention efforts in the schools and to develop resources to train teachers and to support the development of comprehensive drug and alcohol prevention curricula. Second, the need to acquire additional funding to upgrade residential drug programming was identified. Third, the need to expand the availability of methadone services was identified.
- For all services, there is a need to maintain the existing level of operations while at the same time providing for cost of living increases. This has become increasingly difficult in that State and federal funding are static. Federal "lag" money is no longer available for alcoholism services, and we are faced with the prospect of service reductions in the State 1986-87 fiscal year.

MINNESOTA:

- Specialized programs to prevent, identify, and treat drug and alcohol problems among various "special" populations, including the elderly, adolescents, Southeast Asians, Blacks, Hispanics, the handicapped, various dual disability groups (MI/CD, MR/CD, hearing impaired, etc.), etc. While the State can and does provide grants for demonstration projects, on-going funding and dissemination of results to effect permanent system change continue to be problems.
- Treatment for those who do not meet public assistance guidelines but have no insurance or other resources.

MISSISSIPPI:

- Additional treatment beds for adolescents are needed, especially in the Northern and Southern portions of the State. The required resource is funding.
- Prevention activities within the school system are inconsistent both in availability and quality where they exist at all. The required resource is a policy mandate from the State Board of Education for the inclusion of prevention activities in the curriculum requirements.

MISSOURI:

- The table below summarizes the Missouri Division of Alcohol and Drug Abuse target population and the level of service needed for that population. As can be seen, there is a large gap between existing and desired service level. An additional $76 million would be necessary to reach the desired service level.

Target Population	Service	Existing Services	Desired Services
46,614	Detoxification Beds	129	516
	Residential Beds	551	2,601
	Non-Residential Hours	151,118	649,514

MONTANA:

Need Identified	Resources Required
1) Lack of inpatient treatment beds for indigents in the Eastern Part of State	Funding

MONTANA: (cont'd.)

2) Need for more transitional living, or extended care facilities	Funding
3) Need for adolescent treatment services	Funding, staff & facilities
4) Increase training for adolescent diagnosis and assessment	Funding
5) Maintaining existing services with a continued decrease in public (State and federal) funds	Funding

NEBRASKA:

- Our most recent plan was published in July, 1985, and proposes a model service system for the six planning regions in the State. It identifies a general lack of public information, education, and prevention services in 3 of the 6 regions. Day Care (Partial Care) is not available in 3 regions nor are youth services available in 4 regions. Detoxification services are available in all but one region.

- In an analysis of geographic accessibility three multiregional level services were found not to be accessible (youth halfway house, youth short term residential, and adult extended residential).

- Analysis of financial accessibility reveals that five types of services are not offered on an ability to pay basis (emergency detoxification (1 region), youth short-term residential (2 regions), adult short term residential (3 regions), youth halfway (1 region) and adult halfway house (1 region).

- No estimate of resources required to fullfill these needs was made. From the above, I have estimated that there is a need for about 21 new programs (facilities). The programs listed are not of the inexpensive variety. A very rough estimate of cost would be approximately $5 million in additional State funds or about twice as much as we currently provide.

NEW HAMPSHIRE:

- Although more people than ever have been served, due to tight budgets and limited fiscal resources, OADAP is still only reaching four (4) percent of the identified population in need of treatment. The increasing numbers being identified as a result of

NEW HAMPSHIRE: (cont'd.)

prevention and awareness efforts have strained resources and created gaps in services. Because of the same constraints, special populations troubled by substance abuse, such as the hearing impaired, blind, or developmentally disabled, have not been served.

NEW JERSEY:

- The following major programmatic areas are in need of substantial funding resources and represent major categorical underserved populations as well: (1) homeless/chronic debiliated alcoholics and drug addicts in need of residential extended care services, (2) teenage substance abusers in need of primary services, and (3) substance abusers who have an additional simultaneous condition including AIDS, mental illness and hearing loss in need of specialized treatment services.
- Additional technological resources are necessary to provide more complete, rapidly available drunk driving data and client tracking capability.

NEW MEXICO (ALCOHOL):

Major needs include:

- Early intervention e.g., with both adolescents and adults in collaboration with the courts
- Treatment for adolescents - currently there exists only one State funded adolescent program; a gap in services exists
- Expanded treatment services for women
- At least one additional halfway house in certain areas of the State
- Development of standards for residential treatment of women
- Additional monies for all of the above and creativity in spending and utilizing the monies.

NEW MEXICO (DRUG):

The New Mexico State planning process identified various needs that are currently not being addressed in the field of drug abuse. The following are those needs currently being identified as most crucial at this time:

NEW MEXICO (DRUG): (cont'd.)

- treatment for inhalant abusers
- treatment for children and their families (inpatient and outpatient)
- treatment for addicted women
- treatment for medically indigent
- prevention.

New Mexico continues to provide substance abuse services without the benefit of adequate funding thereby resulting in a system of service delivery that finds it difficult to expand treatment options when additional needs are identified.

The New Mexico Health and Environment Department, Behavioral Health Services Division, Drug Abuse Bureau, finds itself in the unfortunate position of not being able to allocate monies crucial to the development and expansion of current services that will address the needs earlier identified. This translates into a lack of trained staff, facilities and technical guidance.

In summary, the lack of adequate funding currently being appropriated for drug abuse services in New Mexico has contributed to a system of service delivery that may soon be identified as deficient and/or incomplete.

NEW YORK (ALCOHOL):

- The current alcoholism service delivery system reaches approximately eight per cent of the population in need. Almost all existing inpatient and outpatient alcoholism treatment services report excessive waiting time for entry into services. In many communities, the most fundamental services including alcoholism clinics do not exist.
- The following chart illustrates immediate and projected needs by program type:

Program Type	1985	1986
Inpatient Detox	684 beds	717 beds
Inpatient Rehab	421 beds	479 beds
Community Residence	582 beds	4,212 beds
Outpatient Alcoholism Rehab	4,004,762 visits	4,104,542 visits

NEW YORK (DRUG):

- The Division of Substance Abuse Services oversees a statewide network of programs providing treatment and rehabilitation services to substance abusers in communities throughout the State. Treatment services benefit not only the abusers whose health and personal status are improved, but society at large. However, a great many substance abusers whose problems are serious -- including substantial numbers who are the cause of enormous social and economic costs -- are not in treatment. Overall, there are more than 240,000 narcotic addicts and more than 550,000 heavy non-narcotic abusers in the State -- while only 75,000 - 80,000 substance abusers are known to receive treatment during a year.

  In order to adequately address the unmet treatment needs problem that currently exists in the State of New York the following directions need to be undertaken: 1) expand treatment capabilities; 2) increase availability of services; 3) assess and design services for nonnarcotic abusers; 4) further increase the quality of service; 5) undertake additional research; 6) increase appropriate services to special populations; 7) continue efforts to impact on public awareness/attitudes; and 8) continue contributions to AIDS research efforts.

- New York also supports an extensive network of prevention and early intervention services that include statewide public information/awareness and community volunteer efforts, and local prevention and early intervention programs. While the great majority of the local prevention programs focus on a youthful population, incidence and prevalence data indicates a need to also target other groups. However, prevention services are already severely constrained by recent funding decisions.

  In order to adequately address the unmet prevention needs problem that currently exists in the State of New York, the following directions need to be undertaken: 1) expand the capabilities of the substance abuse prevention services system, especially for target populations; 2) continue efforts to increase public awareness; 3) increase quality and cost-effectiveness of services; 4) study the future elderly population; 5) develop additional information; 6) develop and implement mechanisms to foster increased coordination of program efforts; and 7) develop mechanisms to access additional funding sources.

NORTH CAROLINA:

- Prevention - There is a need to have personnel to do prevention full-time and funds for demonstration projects in student intervention and parent education.

- Adolescents - Although the dimensions of the problem are unclear at present comprehensive early identification and treatment for adolescents with substance abuse problems is being given special emphasis in North Carolina. Our legislature has allocated $1.2 million for start up funds for new programs in 1985-86 that are designed to demonstrate model services for communities. These resources will also assist in the better assessment of needs for underserved populations in our system and further planning and training.

NORTH DAKOTA:

- Major resource needs include residential and intermediate care for adolescents which include both facility and operational funds with no specific estimate of the dollars required. Present outpatient programs are adequate in their present locations, but our need is to expand existing treatment programs to include outreach programming in various parts of our State. The major need here is additional addiction counseling staff with an estimated budget to be around $500,000 per year including salary and travel expenses. No facilities are necessary.

OHIO:

- Although Ohio was able to increase funding, fiscal year 1985 again fell dramatically short of its needs for treatment and prevention dollars. As we have described in FY '84, it cost approximately $46.5 million to treat 30,105 Ohio indigents within three levels of care -- inpatient, residential and outpatient. That cost is now approximately $48 million based on a 3 percent inflation factor. This cost takes into consideration all resource areas -- staff, funding, facilities, etc.

- The increases in State funds from DWI license reinstatement fees was also certainly a step in the right direction, however, Ohio's need for an adequate continuum of care accessible to all Ohioans, particularly to specific populations, remains a high priority. This will require special attention in the area of resource development and a unified approach, whether it be through the implementation of a generally controlled statewide system, or some other alternative system.

OHIO: (cont'd.)

- Prevention remains a priority for Ohio. Again, despite Ohio's efforts to increase State funding for the development of a system to provide training and consultation of Ohio communities on prevention/intervention, the gap between available resources and existing need is considerable, as previously identified, Ohio plans to implement such a system through essentially three avenues: (1) intervention training; (2) personal resources and (3) community training.

OKLAHOMA:

- The Department requested $960,559 as expansion funds for FY 86 but did not receive. The increase was to assist in:
  - developing new adolescent residential service
  - upgrading the three existing adolescent residential facilities
  - developing new adolescent/women's residential facility for minorities
  - developing a new service of detoxification in one residential program
  - expanding residential services
  - expanding outpatient services.

- No additional funds were received to develop or expand the programs.

OREGON:

- The following needs exist:
  - Prevention and treatment services for elderly people
  - Prevention and treatment services for handicapped people
  - Prevention and treatment services for adolescents
  - Residential services for women
  - Treatment services for the most chronic and severe clients, many of whom have organic brain damage
  - Treatment services for incarcerated individuals -- juveniles and adults.

PENNSYLVANIA

- Residential treatment capability for the adolescent.

- Transitional housing for the homeless.

- Treatment alternatives for the youthful criminal justice substance abuser. (TASC)

- School prevention program.

PUERTO RICO:

- Prevention:

  - To reestablish the Humacao Prevention Center, thereby increasing services in the Eastern part of the Island, an often reported lacking service at a total cost of $74,568.

  - To provide additional technicians for Mobile Units and centers to broaden coverage of the Island, at a total cost of $71,850.

  - To intensify the mass media effort, at a cost of $34,500.

  - To increase personnel in the Juvenile Restitution Program at a cost of $121,768.

- Treatment:

  - To create a complete treatment center in the Eastern area to service adults, children and adolescents, at a cost of $484,877.

  - To establish Day Care Centers for Alcoholics in Manati and Caguas at a cost of $75,000.

  - To increase the DWI Program staff, at a cost of $86,052.

  - To establish a specialized residential treatment center for adolescent and adult women.

  - To strengthen the treatment modules prevalent in the penal institutions and to set up new modules in the institutions in need of them.

  - To expand services at the Industrial School for Girls at Ponce and Boys at Mayaguez, at a cost of $80,000.

RHODE ISLAND:

- Transitional and long-term care for chronic alcoholics.

- Shelter care for alcoholics.

- Residential and outpatient treatment programs for adolescents.

- Rhode Island - specific drug abuse study/survey.

- Methadone maintenance services are inadequate.

RHODE ISLAND: (cont'd.)

- Inadequate services, across all modalities, to meet the current demand.
- Lack of growth/expansion in the treatment/prevention system due to decreased and inadequate funding.
- Two catchment areas do not have funded prevention programs.
- Inadequate financial resources to implement school substance abuse intervention and student assistance programs.

SOUTH CAROLINA:

- Needs were identified in treatment, prevention and early intervention, and in several non-programmatic areas.
- The principal treatment need is for additional outpatient counselors as a result of increases during the last three years in the demand for outpatient services. For the same reason, a need has been identified for increased funding to support training and technical assistance for treatment providers.
- Several needs were identified in the areas of prevention and early intervention, including expansion of primary prevention activities in communities, expansion of the School Intervention Program, expansion of prevention and intervention services for institutionalized youth, a second Teen Institute, and increased information services.
- Non-programmatic needs include funding for facility renovation, funding to allow cost-of-living salary adjustments for personnel and funding for improvements in information technology capability.

SOUTH DAKOTA:

- An assessment of adolescent needs revealed a need for at least 2 more residential treatment programs, 5 structured outpatient treatment programs; 22 FTE's in counseling and referral centers with expertise to deal with chemically dependent adolescents and issues of children of alcoholics and 33,852 days of transitional or group home care.
- We are in the process of assessing statewide services and determining systems needs. We should have specific identified need areas by late December.

TENNESSEE:

- Adolescent Residential Treatment has been a priority. In FY 84-85 the first publicly funded 15-bed program was established. With the impact of the Governor's Task Force on Youth Alcohol and Drugs, in FY 85-86 two additional publicly funded 15-bed programs are being established for a total State resource amount of $1,500,000. This gives one program in each grant region of the State. The Statewide Planning Committee recommended one program per region (six regions), which would require an additional $1,500,000 of state resources.

- Adolescent Aftercare and Outpatient Services was also recommended by the Statewide Committee. No identified State resources are available to meet this need in the development of the continuum of care for youth. For the present, we are asking for a percentage (10%) of contracted outpatient slot utilization for adolescents across the State.

- The Statewide Planning Committee also made recommendations concerning underfunding for adult services. This addresses unmet needs in regions across the State. The percentage annual increase of State funding does not meet this recommendation. It remains a continuing planning issue for this year to more concretely address the unmet needs and resources required during the next three years to improve adult services. This will require Departmental improvement requests in the budget process and legislative action.

TEXAS:

- Detoxification, evaluation, and referral centers for public inebriates diverted from the criminal justice system are needed in every region of the State. At present, there are three. At least twenty-four are needed, and the three which are in operation need expansion.

- The insufficient number of long-term care facilities for chronic inebriates also comprises a major gap in services.

- Adolescent treatment services are a major need, in addition to a need to expand the number of outpatient services. Texas has few non-hospital based residential substance abuse treatment services for persons under 18 who are unable to access for-profit services.

- The Commission also has a priority for establishing at least 24 programs to serve children from chemically dependent families. We need one in each region; at present there are five.

- Additional casefinding and referral capabilities and training resources are needed to respond to the divergence of public inebriates.

- Services for youthful inhalant abusers are inadequate and need significantly more financial support.

- Funding and technology are also needed to respond to the service needs of specific substance abuse trends, such as cocaine and designer drugs.

UTAH:

- Alcohol and drug abuse problems affect the lives and health of many youth in Utah. A 1983 study by the Utah State Division of Alcohoholism and Drugs shows that 7.4% of Utah teens ages 12-17 (13,067) have either extreme or severe problems with alcohol and drugs and are in need of treatment intervention. Recent increases in State appropriations for alcohol and drug services have been directed at relieving public safety pressures and at prevention. As a result, adequate treatment resources do not exist; treatment programs are filled to capacity and many youth are required to be placed on waiting lists. A survey conducted across the State in 1985 indicates that it would cost $4,961,568 over the next two years to develop and implement an adequate service system to address the needs of our youth who have extreme or severe alcohol or other drug problems.

VERMONT:

- A major need for the State of Vermont is an instate residential facility for youth.

- Currently the existing array of services is having difficulty meeting the client demand. More general outpatient services are required for this purpose. In addition, services to older Vermonters, women and school age youth are needed. We believe that we have the technology to meet these needs. The resource are the primary problem.

- Overall the existing system is in financial trouble. With the exception of a few outpatient clinics, most programs are experiencing serious problems.

VIRGINIA:

- Although new detoxification services have been initiated in Virginia recently, there remains a need to continue development of community-based detoxification especially in areas previously served by state facilities which are now reducing detoxification services.
- Progress is continuing in accessing care in local, general hospitals; however, as with the detoxification service need noted above, funding is an issue especially for medical services to the indigent alcoholic under the primary diagnosis of alcoholism.
- Employment services are required to deal with the current 50% rate of unemployment among our treatment clientele; connections among local agencies are required.
- Virginia has become increasingly aware of the special needs of the dually diagnosed (MH/SA) population -- technology and improved relationships between MH and SA providers is required; then the funding issue can be examined.
- Additional funding (with a focus on rural areas) is required to meet current demand as evidenced by waiting lists and to further develop a continuum of services.

VIRGIN ISLANDS:

- New programs for women's treatment were designed, one in St. Thomas and one in St. Croix. The St. Croix program still lacks a staff member and although women are being served, the program, as designed, will not be implemented until a staff member can be hired.
- Increase services to women and youth, cooperative efforts with the school are moving along slower than expected. A new program entitled "Women's Challenges" has been designed and minimally implemented.
- Staff person also need to implement this program.

WASHINGTON

- There are 2,800 alcoholics and drug abusers who are receiving welfare checks on the basis of a substance abuse disability. While State policy requires that these persons be enrolled in a program at residential or outpatient treatment, funds are insufficient to provide the necessary treatment services for this population.

- All persons convicted of Driving While Intoxicated (DWI) are required to undergo an assessment of alcohol dependency. Those considered to be in need of alcoholism treatment are referred to treatment by the courts as a condition of their retaining driving privileges. New DWI statutes have increased the total number of court referrals to primarily outpatient treatment, among them are a significant number of low income persons. Bureau funding is insufficient to pay for the cost of treatment of all of these persons.

- In the past, most alcohol and drug dependent youth were treated together with adults by regular treatment agencies. During the last two years, the bureau has been funding twenty-eight youth alcohol and drug treatment beds in three special residential facilities for youth, but has not developed a continuum of aftercare outpatient services for youth. There is a need for additional specialized youth treatment beds and for specially trained youth therapists to provide outpatient and aftercare services.

- We have only fifty percent of the drug residential treatment capacity which we need to keep up with the service demand generated by court treatment placement. At present, there is a 76 day average waiting period for admission to residential drug treatment agencies. In addition, the quality of treatment is suffering because of attempts by agencies to accommodate the demand by overextending themselves.

WEST VIRGINIA:

- Residential treatment for adolescents.

- Long-term residential treatment for chronic alcoholics.

- Expanded day treatment programs.

- Expansion of outpatient services.

- Expansion of transitional living services.

- All above services could be provided with a sufficient increase in funds to provide staff, and, in the case of the first and second facilities.

WISCONSIN:

- The State of Wisconsin, through its biennial planning and budgetary process, prepares proposals to meet the State needs. Proposals in the area of alcohol and other drug abuse programs include the following:

  - In addition to the increase to counties to address women's initiatives, other priorities to be considered if funding allows include: expansion of the Women Reaching Women program to all counties ($235,000).

  - Earmark block grant funds for specific initiatives for women through the community aids process ($360,000).

  - Pool funds with the Domestic Abuse Council and jointly fund new programs ($360,000).

  - Develop procedure to use funding for child care for women in treatment ($75,000).

  - Increase funding for the TRAILS programs to a level that will minimally fund one full-time employee at each reservation with adequate travel and training ($75,000).

  - Support and encourage the development and expansion of services to special populations (i.e., women, minorities, elderly, criminal justice, youth, the chronic, the disabled). (Amount to be determined, $1-2 million approximately.)

  - Fund services for hearing impaired treatment ($720,000).

  - Fund an American Indian residential treatment center ($350,000).

  - Fund an American Indian Women's Treatment Center ($350,000)

  - Provide funding for the State Chronic Alcoholic Community Support program ($3-4 million).

WYOMING:

- Major need is treatment services for children/ adolescents (persons under the age of majority which is 19 in Wyoming). Impetus for this need emerged from an overall examination by the State of all youth services in Wyoming. It became clear that alcohol and drug treatment services for youth in

Wyoming are not available. Many youth are being sent to special youth treatment facilities in neighboring States. Questions arose as to whether these youth could or should be treated in adult facilities. Currently the State is exploring and searching for appropriate treatment alternatives for youth in Wyoming. Although the State is experiencing an economic downturn and new monies are difficult to obtain, the State is committed to improving the adequacy of services for children.

APPENDIX D

STATE NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1985

ALABAMA:

- The most significant change was in treatment services due to the 5% set-aside requirement for women under the Block Grant. Four model programs were funded in FY 1985. Services will be expanded in FY 86 based upon the evaluation of the model programs initiated in FY 85. Prevention services remain basically the same. The procedures for application and funding of prevention services were improved so that more measurable objective's were obtained, and reporting was improved.

ARKANSAS:

- The State of Arkansas has had considerable difficulty with the 5% (now 3% in the first year) set-aside fund requirement for services to women. Of greatest concern was the issue of treatment services which demand a stable funding source. Thus, Arkansas has chosen to place the bulk of these funds into prevention/early intervention services to women. This decision has brought about numerous unique and innovative project applications, none of which will suffer if funds are available for a limited time. The problem this creates is that it severely limits prevention efforts with other populations (i.e., the elderly of which Arkansas has a large percentage; troubled youth; minorities; etc.).

ARIZONA (DRUG)

- Drug abuse client median income rose considerably from FY 84 to FY 85. In FY 84 drug median income was lowest when compared to alcohol and mental health, while in FY 85 it became the highest of the three! ($4,241 .vs. $6,695).

- A 14% reduction in all funds in contracts for drug abuse only resulted, during FY 85, in a 3.8% reduction in clients seen (7,292 vs. 7,016).

CALIFORNIA (ALCOHOL):

- Two major changes have been or are being implemented in California's alcohol delivery system. The first is that the Department has received legislative authority to license alcohol residential facilities. Previously, this activity was performed by another State department that also licensed skilled nursing facilities, board-and-care homes, etc. The new authority includes the requirement to adopt new regulations. This will result in more sensitive and realistic requirements for providers of residential alcohol services.

- The other major change is the Department's Women's Initiative. This initiative is designed to dramatically increase the number and quality of alcohol programming for women in California. Major features of the initiative include the development of a Women's Advisory Committee, the issuance of RFPs for new and innovative women's programming, and increased technical assistance and training for programs serving women.

CALIFORNIA (DRUG):

- Because of the increasing incidence of drug abuse by youth, drug prevention services have been expanded to involve more people at the school and community levels. A school-community primary prevention project has been implemented. A statewide network of drug prevention professionals and prevention experts in allied fields has been developed. Efforts have also been directed toward credentialing and certification of prevention workers, the development of minimum standards for programs offering prevention services, and the hosting of a statewide prevention conference in April, 1986.

CONNECTICUT:

- Significant activity has continued in the prevention arena. Efforts to develop an effective "network" throughout the State and coordinating the varied organizations and interests have emerged as key system activities. This is in great part due to CADAC's identification of prevention as a priority focus.

DISTRICT OF COLUMBIA:

- The District continues to confront the challenges of increased demand on public services, inadequate staff and resources for the delivery of prevention and treatment services. In fiscal year 1985, we moved closer to a comprehensive alcohol and drug treatment system with:

  - An intensive residential alcohol treatment program with a low recidivism rate and a high employment rate;

  - Development of a fee schedule for services rendered, to be implemented in fiscal year 86;
  - Implementation of a policy to limit the continuous use of methadone;
  - Increased activity in statewide prevention (e.g., Drunk and Drugged Driving Awareness Campaign, Fetal Alcohol Syndrome Awareness Campaign and local networking); and,
  - Development of plan for a computerized data collection and tracking system to link treatment programs.

FLORIDA:

o To assure quality of services, the department is implementing licensure of alcohol facilities, is requiring accreditation of services to meet at least minimal standards, and is encouraging certification of alcoholism counselors and therapists. These elements are especially important if Florida is to provide specialized treatment services to children, youth, the elderly, the chronically mentally ill, and those who are enmeshed in the criminal justice system. In 1985 and the next decade, new demands will continue to be added to Florida's alcohol and drug abuse service delivery system.

GUAM:

o In FY 1985, the Department hired a Drug/Alcohol Supervisor from the U.S. mainland with the intentions of dramatically increasing drug/alcohol services to the population. However, lack of manpower on-island and the reduction of federal and local funds to institute such a program forced an indefinite postponement of any plans.

o Increased arrests and prosecutions of DUIs coupled with a sustained pattern of alcohol evaluations of probated people, have required the local court's alcohol education program to service more clients. The court program has consequently outlined additional educational services to be delivered to communities on the island free of charge.

HAWAII:

o In terms of prevention services there has been increased community participation through the formation of Chemical People, Toughlove, MADD and SADD groups.

- In terms of treatment services, a crisis response team and crisis beds were added to the available services on the Island of Oahu. The crisis team has been able to divert numerous admissions to the State Hospital and place those clients in a less restrictive setting.

IDAHO:

- Idaho has focused their prevention program upon three programs: two programs in public schools - one with a curriculum to teach 6th grade children about alcohol/drug abuse; and a K-12 grade curriculum "Here's looking at you, II". This is a comprehensive alcohol/drug curriculum. Then we have begun a program to identify and educate young children of alcoholics between four and 18 years of age that they are at increased risk of developing alcoholism. They also learn other facts about alcoholism. Idaho has essentially stopped the "community awareness/community networking" area because of dollar shortages, and the fact that these programs usually are so poorly focused that no goal is achieved.

- Idaho has gone to an outcome oriented provider system for treatment delivery. Contractors have a random 20% sample of clients followed up by independent contractors who interview the client to see if he is sober or improved at six months after admission. Idaho takes the very strict and harsh view that if a client cannot be found, they are counted as a treatment failure. The client relocation rate thus becomes very important to both the independent contractor and the treatment facility. We use our outcome rates as one factor in our competitive bidding process to determine successful bidders.

ILLINOIS:

- On July 1, 1984, the Department of Alcoholism and Substance Abuse began operating in the State of Illinois. Prior to that time, the Dangerous Drugs Commission and the Division of Alcoholism at the Department of Mental Health and Developmental Disabilities operated separately, with each providing its own type of service. These separate agencies often times provided disjointed services and used different standards and procedures. It had long been apparent that a single State agency was needed to coordinate both types of services; therefore, the legislation which combined the two agencies was welcomed by providers and experts in the field. After 17 months of operation, the new agency has made considerable progress in uniting both types of services and is currently working on equalizing reimbursement rates and the quality of service within the drug and alcohol system.

INDIANA:

- Treatment providers continue to feel the impact of tougher D.U.I. enforcement, but it is not significantly different from the FY 1984 experience. A focus on youth treatment has resulted in service growth for this population both in the private and the public sectors.

IOWA:

- Landmark State legislation provided the Iowa Department of Substance Abuse (IDSA), with nearly $8 million (supplemented by $3 million federal funds) for strengthening alcohol and drug programs in the State during FY 1985 - a substantial increase in the IDSA funding from FY 1984 level of $2.9 million. The measure required the State to assume 100% of the cost of treatment for indigent clients at community-based programs (approximately $8.5 million), set aside $150,000 for prevention programming on a match basis with counties, and mandated a preliminary intake and assessment of patients before admission to a State mental health institute for substance abuse treatment. In addition, prevention efforts were increased by $550,000.

- Additional State funds permitted the development of several new treatment and prevention projects. New treatment programs included two residential, two halfway houses, and two juvenile residential facilities plus expansion of existing services. Seven new and innovative prevention projects were begun besides a prison pilot project at the Iowa Correctional Institutional for Women in Mitchellville and one newly-funded community-based prevention program. Prevention programming was expanded throughout the State.

- The statewide federation of parent and community groups, the Iowa Network of Drug Information (INDI), sponsored five regional workshops on community group organization techniques, in cooperation with IDSA. Iowa continued to be a national leader in numbers of parent and community groups, approximately 250.

- To encourage their involvement in local prevention efforts, IDSA awarded 85 mini-grants of $250 each to these groups.

- To support the continuing development of qualified substance abuse program staff, IDSA organized 21 workshops for about 1,700 persons and also participated in the formation of the Iowa Board of Substance Abuse Certification (The board certifies substance abuse counselors).

KANSAS:

- Alcohol and Drug Abuse Prevention. Prevention Programs funded by the State served 135,000 in FY 85, an increase of 7% over FY 84. Funds granted increased by 18%. Seventy percent of the student participants agreed that they were less likely to become intoxicated as a result of the programs. School Team Training, a five day intensive training of prevention skills and plan development for schools, was expanded to serve 44 teams. The expansion resulted from funding provided by Kansas Department of Transportation. Seventy one teams applied. Other significant prevention activities included coordination of the Kansas SADD network, which grew from 28 chapters to 77 in FY 85. "Know Your Limit" a new youth hunter-safety program began with the potential of serving 14,000 yearly. It is a cooperative program with Kansas Fish and Game Commission.

- Alcohol and Drug Abuse Treatment Programming. Admissions to treatment increased by 5% for the third consecutive year. Admissions to programs partially funded by the State has increased 43% since FY 82. Grant funds have not kept pace with demands for service. Many programs have waiting lists. Funding was provided in FY 85 to start a residential treatment program for indigent youth.

- Information Resources. There was an expanded emphasis in FY 85 on developing greater public awareness and on developing information resources capable of influencing State and local decision makers.

KENTUCKY:

- The 1984 legislature allocated an additional $1,000,000 for DUI assessment, education and treatment for indigent offenders. Also, DUI prevention programs could be funded with these funds. All of the Community Mental Health Centers that provide substance abuse services are increasing services to the DUI offender. Some centers complain that staff are unable to reach voluntary clients because of the large numbers of court referred DUI offenders.

- The 1985 ADMS Block Grant allows for program expansion in the area of substance abuse services to women. The amount of the ADMS Block Grant allocated for women's initiatives for FY 1986 for substance abuse services is $227,500. Thirteen Comprehensive Care Centers submitted a total of 17 proposals for funding for increased services for women ($614,066 was requested). A committee of Substance Abuse Division staff reviewed all the requests and recommended that 8 receive funding. The Commissioner awarded funds to the 8 following projects: North Central Substance Abuse Prevention ($47,932), Seven Counties Services Substance Abuse Training and Education ($10,887), Seven Counties Services Student Assistance Program ($37,255), Payways, Inc., Lake Cumberland Prevention and Intervention ($48,185), Bluegrass Regional Mental Health/Mental Retardation Board and Chrysalis House ($7,291), Bluegrass Regional Mental Health/Mental Retardation Board and Alternatives for Women ($18,000), and Bluegrass Regional Mental Health/Mental Retardation Board will provide $8,000 to the Human Abuse Council.

LOUISIANA:

- There has been a 21% increase in reported admissions to alcohol related treatment services during FY 1985. This increase in reported number of persons served is due to improved data collection procedures and increased emphasis on substance abuse services with the separation of Alcohol & Drug Abuse services from the Office of Mental Health.

- There has been a 13% reduction in admissions to drug abuse related treatment services. This reduced level of persons served is due to a change in scope of work from treatment to prevention services for some provider agencies.

MAINE:

- There is an emerging interest in the intensive outpatient modality.

- New demands have been created by cocaine abuse.

- There exists limited access to residential rehabilitation/inpatient services for the medically indigent.

- Expansion of Medicaid coverage for some forms of outpatient treatment has occurred.

- Four Model Prevention Programs have been implemented.

MARYLAND (ALCOHOL):

- Increases have been noted in the identification of adolescents needing specialized residential treatment i.e., 45 - 60 day intermediate care facility or halfway house services. Planning goals are to develop more programs such as ICF's for adolescents and secure additional funds for expanded residential stay in halfway houses.

- DWI treatment continues to be a priority and has been budgeted at constant levels for FY 1985 and FY 1986. The increased apprehension of DWI drivers and the need to assess whether they are problem drinkers, has indicated that 68% of those assessed are in need of treatment. This has created the establishment of private entrepreneur programs to provide services to the DWI client. These programs have assisted the State funded programs by entering into referral agreements to provide treatment to those DWI clients who would have been on a waiting list. Data also indicates that more than 50% of the clients in treatment are DWI referred.

MARYLAND (DRUG):

- The rapid growth in cocaine use and the increase in cocaine availability have resulted in a cocaine epidemic as well as the emergence of a new poly drug abuser -- a person addicted to both heroin and cocaine. Client admissions with cocaine related problems increased by 304% over FY 1980 and represented 38% of all drug abuse treatment admissions for FY 1985. Intensive staff training was offered to program personnel so that staff would be able to recognize and treat cocaine abusers. In addition, funds were sought and appropriated for a new residential facility for indigent cocaine abusers which will be funded in FY 1986.

- The protocol for a pharmacy pilot program for long-term chemotherapy clients was submitted to the Drug Enforcement Administration. This protocol includes dispensing medication to long-term successful clients not in need of continued intensive counseling at a local Baltimore City Hospital pharmacy.

MASSACHUSETTS:

- During FY 1985, several changes were made in the delivery of alcohol and drug prevention and treatment services. A mid-year request for proposal resulted in the funding of new programs to serve previously undeserved populations. Awards were made to increase residential adolescent treatment, residential drug free services for women, residential detoxification services, Hispanic services, prevention centers, prevention programs, and court diversion programs. The increased residential adolescent treatment and prevention center programming was done jointly by the Division of Alcoholism and Drug Rehabilitation.

MISSISSIPPI:

- The only significant change in treatment services in FY 1985 was the development of new guidelines for programs for women in compliance with Federal legislation. The new guidelines contained elements targeted specifically to the recruitment and retention of women in treatment programs.

MINNESOTA:

- Continued emphasis on cost containment measures by both the public and private sectors have resulted in increased competition, program closures, and increased difficulty in serving low-income clients. Major legislation to consolidate and streamline all public funds for CD treatment did not pass in 1985 session, but received widespread attention and support.

MISSOURI:

- The Missouri Division of Alcohol and Drug Abuse received a 27.2 percent increase in general revenue appropriations for FY 1986.

- The Missouri Division of Alcohol and Drug Abuse implemented the Missouri Institute for Prevention Services, a comprehensive statewide prevention program focused on youth.

- Several important pieces of legislation passed the Missouri General Assembly including bills which provide for mandatory insurance coverage for alcohol abuse treatment, involuntary treatment for alcohol and drug abusers who are dangerous to themselves or others and licensure for counselors. These new laws will impact the service delivery system when they go into effect.

- The Block Grant requirements resulted in an expansion in treatment programs designed to serve women.
- Communications and relations between the Division and volunteers improved as a result of several Division sponsored meetings and workshops designed for volunteers and self-help groups.
- The Division published a monograph entitled "Model Staffing Patterns and Budgets for Missouri Alcohol and Drug Abuse Programs.
- Division personnel presented papers at the National Council on Alcoholism Forum and the International Congress on Alcohol and Drug Dependence describing the Missouri approach to prevention of substance abuse among teenagers.
- There was an increase in admissions among cocaine abusers.

MONTANA:

- Development of State standards for educational programs provided to DUI and Minors in Possession offenders; also, certification standards for course instructors.
- The State Legislature has increased taxes on wine and beer to provide additional funding for chemical dependency treatment programs.
- An increase in programs providing intensive outpatient services as an alternative to inpatient treatment has occurred.
- There has been an increase in programs' collection of third party reimbursement due to 1983 legislation which mandated group insurance coverage.
- There has been an increase in prevention and early intervention activities, particularly school based programs, due to increase of awareness, stricter DUI and possession laws and increase training for teacher and parents.
- An increase in DUI education course admissions has occurred due to stricter DUI laws.

NEBRASKA:

- There were no significant changes during the year. We do expect significant changes during the current and next fiscal year. The legislature reduced State aid to substance abuse programs by

1% during the regular session and is currently in special session for additional cutback legislation as tax receipts are lagging. These acts and the goals of the State system plan to emphasize prevention and services to youth will cause some difficult decisions in the future.

NEVADA:

- The State of Nevada funded a Community Addiction Clinic in October, 1985 for prevention and education for pregnant women and high risk adolescents and women. The additional emphasis on women's treatment is partially due to the Block Grant requirements, but also due to volunteer groups showing dramatic increase in interest. We also participated in the opening of a 26 bed newly constructed drug and alcohol residential facility located in rural Nevada. The opening of this new facility is an attempt to bridge the gap between insurance clients and the publicly subsidized clients. The change in State health insurance legislation triggered this proto-typical treatment center.

- The certification procedure was developed, redefined and finalized in October, 1984 with the publication of Nevada Administrative Code 458. The intent was to strengthen education and experience requirements for counselors and program administrators involved with drug and alcohol programming. Insurance requirements and quality assurance strengthening brought on more stringent regulations for certification of counselors and accreditation of facilities.

NEW HAMPSHIRE:

- Even though financial constraints do limit the numbers of people that can be reached and makes services to the special populations listed almost virtually non-existent, progress was made during FY 1985. Several gaps in New Hampshire's Comprehensive Continuum of Care were being addressed for the first time. OADAP efforts toward establishing a halfway house for women were realized as of January 1st. So was a pilot project for third party insurance coverage from Blue Cross/Blue Shield for New Hampshire residents who are chemically dependent. In addition, two (2) earlier pilot projects matured nicely. The State's first sobriety maintenance center worked out its role even more meaningfully than originally expected and continues to experience admissions at a higher than anticipated rate.

OADAP held its 2nd Annual Teen Institute, an intensive week-long educational program about substance abuse for 60 of New Hampshire's young potential leaders. As in its development edition, this program was funded through scholarships from the private sector and manned by volunteer staff. It has successfully carved itself an important niche in the State's overall prevention and education effort. It should also be mentioned that in addition to these newly instituted endeavors, on-going services also increased. Through education, prevention, intervention and treatment, 110,000 New Hampshire citizens were reached by OADAP efforts in the fiscal year just past. OADAP again participated actively in the New England Institute of Alcohol Studies (NESAS), held this time in our sister State of Rhode Island. NESAS provides advanced training for alcohol and drug abuse professionals, has a special track for medical students, and offers introductory courses for those just entering the field. Closer to home, OADAP continued to enhance it's contract monitoring and service evaluation capabilities. Significant advance was made in the area of prevention program evaluation and while a vehicle for such nears realization, the manpower and other resources still necessary for its fullfillment has been committed for the current FY.

NEW JERSEY:

- FY 85 marked the initial implementation of two significant State legislative alcoholism initiatives, one addressing a stable State funding base and the other targeting drunk driving. Both laws were enacted during State FY 84. The funding initiative resulted in the implementation of a designated beverage tax which provided the first stable State funding base for alcoholism treatment and prevention services. It was subsequently implemented through State health service contracts between the State alcoholism agency and the 21 county government authorities, resulting from State agency approval of the required county plan.

- The companion drunk driving legislation resulted in: (1) an increase in the penalties for conviction of an alcohol/drug related motor vehicle offense including fines and detention; and (2) the establishment of county intoxicated drivers resource centers (IDRC) providing client evaluation, treatment referral, and monitoring of treatment services for convicted offenders. By the end of the fiscal year, each of the counties had a functioning IDRC and two residential IDACs serve repeat offenders.

- New planning efforts supported by ADMS block grant funds, resulted in the establishment of a strategy for the implementation of the 1985-87 five percent women's set aside requirement.

- Implementation of mandatory Medicaid legislation covering eligible substance abusers.

NEW MEXICO (ALCOHOL:)

- A major problem was created when the conditions of the Block Grant required the State to provide new services for women, but did not include any increase in monies to provide these services. The State funded four new programs for women, but in order to do so had to cut all other services and programs by five percent. The new programs will provide education, training and awareness related to women and alcohol.

- The overall public awareness of needs has increased due to the activities of groups like MADD, etc.

- A significant number of new for-profit alcoholism treatment agencies is being initiated in the State.

- New Mexico earmarks 49% of its alcohol excise tax revenues for alcoholism treatment services. However, alcohol sales are down and so excise tax revenues are down and less State monies are available for alcoholism treatment services. The shortfall was about $200,000. In July, 1985 the State legislature increased the percent for services from 49% to 52%. If Gramm-Rudman-Hollings cuts occur, New Mexico will also experience large cuts in Title XX.

NEW MEXICO (DRUG):

- New Mexico did not experience significant changes in the delivery of drug abuse services during FY 1985. However, the Health and Environment Department, Behavioral Health Services Division, and Drug Abuse Bureau has recognized and identified service needs that may result in a realignment of service appropriation. Those newly identified service needs are as follows:

    - substance abuse prevention (primarily school-based)

    - substance abuse treatment for women

- substance abuse treatment for children and their families

- substance abuse treatment for those who abuse inhalants.

o Another treatment service area currently being examined is methadone counseling. During FY 1985, 24% of the Drug Abuse Bureau Budget was expended on methadone counseling.

NORTH CAROLINA:

o The DWI law (N.C.G.S. 20-179) was changed to add a provision requiring substance abuse assessments in second offense cases or those individuals who register .20 blood alcohol content or more on the breathalyzer, and those who refuse to take the breathalyzer test. The assessments are to determine if the offender has an alcohol or drug problem and should be referred to treatment.

o Funds have been allocated to the Department of Public Instruction to provide alcohol and drug services in 142 State school systems; expansion and training of school support personnel and the development and implementation of an effective drug education curriculum throughout the State.

NORTH DAKOTA:

o Delivery of treatment services did not change dramatically in 1985; however, prevention services changed dramatically toward community based prevention programs including school and citizen groups developed around a "community chemical health" model. Small grants were provided to communities on the basis of initially stringent grant requirements of an ongoing community task force including representation from schools, school board, law enforcement, parents and students. This is a shift away from school based prevention programs which were largely curriculum based.

OHIO:

o In December, 1984, the Governor announced his intention to merge the Bureau of Drug Abuse (Mental Health) and the Bureau of Alcohol Abuse and Alcoholism Recovery within the Health Department, and legislation has been drafted to this effect. Meanwhile, both agencies continue to work together and to cooperate as closely as possible in administering and facilitating a statewide drug and alcohol abuse service delivery system. The Governor also announced the establishment of the Governor's Office of Advocacy for Recovery Services and the Council for Recovery Services. These efforts are being made as part of Ohio's attempt to create a more adequate continuum of care for both alcohol and drug clients.

- In FY 1985, the State began to utilize funds received in FY 1985 and continued to receive in FY 1985 from DWI license reinstatement fees, the State elected to set aside a small portion of these funds for cost reimbursement to indigents attending driver intervention programs as a result of DWI convictions. The balance of these funds have been allocated for treatment services. As the State becomes more familiar with the conviction rates and monthly funding levels via receipt of license reinstatement fees, it can more adequately project the availability of funds for planning of treatment services.

- The State also receives funds from the Department of Liquor Control - 1.5 percent of the gross profits and 20 percent of the permit fees. In FY 1985, Ohio experienced a reduction in funds from FY 1984 ($5.8 million to $5.4 million). This reduction is the result of a trend in declining per capita consumption over the past six years from 1979 to 1984. In FY 1986, we should experience a greater reduction (perhaps 6.5 percent of gross profits) due to the continuation of this trend and the implementation of a federal excise tax.

- It also has been brought to our attention by NASADAD that Congress may, as part of the balanced budget proposal, reduce ADMS Block Grant awards by 8.2 percent. Ohio's share would be a 2.6 percent reduction. Combined with a possible shortfall in State liquor funds, the State could be faced with a total reduction in these particular sources of about $250,000. Add to this, the $140,584 of alcohol funds set aside for women and a 3 percent inflationary factor and it is easy to see the difficulty in maintaining treatment and prevention services at the FY '85 level.

OKLAHOMA:

- The Alternatives to Incarceration for Drinking Drivers Program which was initiated in October, 1981, with bed capacity for five, has been increased to one hundred beds. Referrals for residential treatment are from the Department of Corrections for residential treatment services.

- With passage of H.B. 1034 (DUI legislation) last year, more drunken drivers are coming from the Department of Corrections and this program has become a line item in the appropriations bill.

- The legislation also provides that prior to sentencing, any person found guilty in violation of DUI, may be referred to an alcoholism program for an evaluation. The Department has formalized this process and established the criteria for evaluation and held training sessions. In the first seven months of the program, 250 persons were evaluated.

OREGON:

- Additional services for women and adolescents have been funded for 1985 as a result of priorities set by this agency and agreement by the State Legislature. Additionally, new training funds have been added to train employees in the Department of Human Resources, as well as treatment personnel for adolescents across the State. Funds have been made available for a statewide EAP for employees of the Department of Human Resources (one third of all State employees).

PENNSYLVANIA:

- An increased emphasis has been placed on school based prevention programs rather than on community based programs.

- More emphasis has been given to early intervention services, particularly for teenagers, e.g., pregnant and suicidal. Also, there has been increased use of group intervention programs for DUI offenders.

RHODE ISLAND:

- Increased counselor training and treatment focused on cocaine abusers has occured.

- Increased counselor training on AIDS and counseling of clients affected directly or indirectly by AIDS has been implemented.

- The State licensed two residential facilities for female alcoholics.

- Initial planning was accomplished in order to increase detoxification services, long-term transitional and shelter care for chronic alcoholics.

- Treatment services for DWI offenders continued to be expanded.

- A statewide Parents' Group and central organization representing them, the Rhode Islanders for Drug Free Youth, was developed and supported.

SOUTH CAROLINA:

- The most significant change was a major expansion of the School Intervention Program resulting from a substantial funding increase for this program.

- A second significant change was a continuing increase in the number of clients with a cocaine problem, resulting from increased use of cocaine.

- A third major development was the initiation of demonstration projects to provide alcohol and drug counseling services in Family Practice clinics in four locations in the state.

- In general, there was a continuing increase in the demand for counseling services, which have increased 55% in three years, and an increase in detoxification utilization following three years of declines. Precise reasons for this latter change have not been determined.

SOUTH DAKOTA:

- FY 1985 funding reflected basically a maintenance posture. We are seeing a greater shift to group services in our community based programs. The influx of private for-profits seems to be generating a fierce competition for "bodies" that is hurting the service delivery system. We started funding for a custodial care facility in an attempt to provide appropriate cost effective services for our chronic clients. We made an initial effort to generate some activity in parent/community group development. We are seeing more and more structured outpatient treatment programs spring up in an attempt to offer cost effective alternatives to inpatient.

TENNESSEE:

- Six new outpatient/day treatment and one new halfway house for women were opened as a result of increased designated block grant funding.

- The Governor's Task Force on Youth Alcohol and Drugs convened, conducted public hearings and made recommendations resulting in increased funding for the 1985-86 Fiscal Year, as well as recommending several other program and policy changes.
- The Department of Education mandated a new health curriculum including a K-12 alcohol and drug strand.
- The age 21 drinking law was strengthened.
- Additional State funds for FY 1985 resulted in the provision of increased halfway house and early intervention services.

TEXAS:

- In FY 1985, the separate Alcohol and Drug Abuse State Authorities were combined into a Single State Agency. In addition, group insurance coverage for alcoholism became mandatory, as did the licensure of alcoholism and combined alcohol and drug abuse treatment programs. Laws establishing peer assistance programs and allowing the diversion of fines from DWI offenses to pay for treatment programs were also authorized. In addition, a Governor's Task Force focused public attention on the problems of juvenile inhalant abuse.

VERMONT:

- We are continuing to integrate prevention, intervention and treatment services. This is crucial in school programming.
- The Driver Rehabilitation Schools now offer a Multiple Offender Course and the effort to intervene when necessary has increased for the First Offender Program. The goal is to increase the number of DWI offenders entering treatment.

VIRGINIA:

- The Departments of Mental Health and Mental Retardation, Motor Vehicles and Education are major collaborators on a youth alcohol abuse prevention project that involves students and treatment/prevention services providers across the Commonwealth. Our first annual conference was held this year and has contributed greatly to enhanced relationships among schools and service providers. A major focus of this project is to support, via a statewide and regional network, local school-based prevention projects.

- During FY 1985, additional funds were awarded to localities in support of detoxification and residential services in the community. State facility detoxification services were then phased down, resulting in fewer inappropriate admissions to State facilities and increased utilization of local, general hospitals. Clients requiring detoxification are now able to receive detoxification services closer to home, in a less restrictive environment, at a less costly rate, and at a service more closely integrated into the local continuum; also, those requiring social-setting detoxification can more readily access these services.

VIRGIN ISLANDS:

- The incidence of alcohol and drug related problems in the community is indicative of the need to continue to make substance abuse treatment services available. Alcoholism continues to be our biggest problem. However, illicit drug use in the islands continues to show an increase. Those found to be abusing drugs are no longer primarily Hispanics age 20-40 (as was the case four (4) years ago); since then illicit drug use has shown an obvious trend toward younger people, more females, an increase in the number of Caucasians and an increase in the use of cocaine and polydrug use.

- Substance abuse figures for 1985 for the territory indicate that although alcohol treatment remains the greater problem, a decrease since last year is evident, whereas, drug treatment shows an increase over 1984, particularly toward the end of the year.

- Laboratory data collected on urinalyses continue to show the most positive results for morphine and cocaine, with an increase in cocaine over 1984.

WASHINGTON:

- The bureau contracts for all community based services through county governments. In order to ensure that prevention services do not have to compete for limited funds with community treatment services, the bureau has written separate prevention contracts with counties, with separate prevention plans, budgets and contract statements of work. State approved prevention activities are occurring in all of the State's counties and are generating a significant amount of local funding to supplement the required block grant funding.

- A recent increase in the number of indigent (usually urban) alcoholics who receive welfare payments due to alcoholism incapacity has severely compounded the problem of a limited treatment capacity for this population. Because funding for life support (welfare) and alcoholism treatment are legally mandated, it is essential that a means be devised to ensure the most effective use of limited funding in order to effect the best combination of life support and treatment services for this population.

- While we have all of the elements of a continuum of treatment services for adults, we only have scattered elements of a continuum of specialized services for youth. Most notably, we have funding for youth in three publicly funded residential treatment facilities and a growing network of intervention services. However, we need additional residential beds, and we have very few specialized outpatient youth programs for either primary treatment or follow-up treatment. We need discrete youth treatment programs in each county. At a minimum, we need at least one person in each county who is specially trained in the identification and treatment of substance abusing youth.

WEST VIRGINIA:

- Continued emphases on treatment of the chronically addicted, including the public inebriate, and on DUI services, have led to a shift in the substance abuse clients being treated. Although the number of clients admitted have remained essentially the same, a large majority of client admissions are public inebriates, and those identified through evaluations in the DUI program.

WISCONSIN:

- As a result of increased public demand for the enforcement of driving under the influence laws the Wisconsin AODA treatment system, especially outpatient treatment, has seen a dramatic increase in the number of clients assessed and the number entering treatment. The amount of publicity generated by the intoxicated driver program has spilled over into other areas and has sparked an increased concern in areas as teenage alcohol and drug abuse, teenage drunk driving, curtailing "happy hours", stiffer drunk driving laws, penalties, and alcohol and drug abuse and the elderly. In addition, premiums for liquor liability insurance are either so high the expense is prohibitive or the insurance is not available.

- In 1985 one recommendation of the Minority Needs Assessment Study was acted on. The Wisconsin legislature appropriated $125,000 to fund a program which will train and certify minority AODA counselors.

- An increased awareness was brought to the pervasive problem of cocaine abuse and the State is now in the process of determining the extent of the problem and the most appropriate way to treat cocaine abusers.

- State EAP, SAP and prevention consultants saw a dramatic increase in demand for technical assistance from local communities. This, again, is seen as a result of increased public awareness and willingness to do something about AODA abuse.

WYOMING:

- The method of funding services changed: there was a move from a grant type mechanism that provided for the general availability of services whereby reimbursement is provided for units of service actually provided.

- A need for expanded services for children/adolescents/ youth clearly emerged.

- A number of different parent, citizen, education oriented and impaired driving groups are beginning to emerge in the State.

- With regard to impaired driving, the proposed federal mandate for a legal drinking age of 21 emerged as a major issue, but one primarily of States' rights, and not of alcohol and drug abuse prevention; also, questions are being raised about the effectiveness (or lack of it) of impaired driver schools.

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